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I

Annual Session Program

Del Monte, California, May 5-8, 1941

Seventieth Annual Session

INDEX

	PAGE		PAGE
President's Salutation	154	Scientific Exhibits	176
Photographs of Guest Speakers and Officers	155	Medical Films	176
Members of the House of Delegates	159	Other Meetings	176
Registration Information	161	Index to Speakers	177
House of Delegates Meetings	161	Entertainment	178
Program: By Days	164	Transportation Information	178
General Meetings	165	Technical Exhibits	178
Section Meetings and Programs	166	Hotel Information	178
(For index of Section Programs, see box on page 166.)			
		Monterey Peninsula: Information	178
		Woman's Auxiliary	179

II

Pre-Convention Bulletin

Reports of Officers and Committees

INDEX

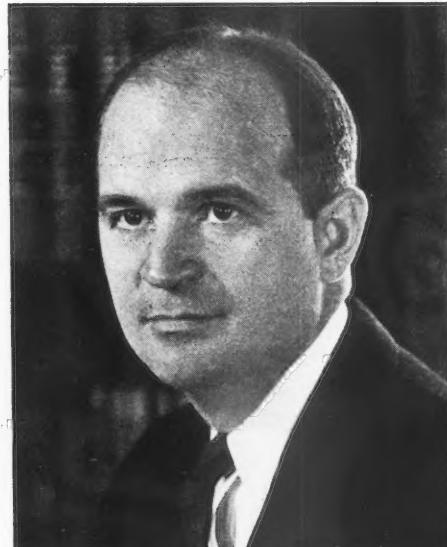
	PAGE		PAGE
Reports of General Officers	181	Reports of Special and Council Committees	202
Reports of District Councilors	193	Reports of Secretaries of Scientific Sections	205
Reports of Councilors-at-Large	195		
Reports of Standing Committees	196		

**GUEST SPEAKERS AT THE SEVENTIETH ANNUAL SESSION
CALIFORNIA MEDICAL ASSOCIATION**

Speakers at General Meetings



JOHN H. MUSSER, M. D.
Tulane University Medical School
New Orleans



WALTMAN WALTERS, M. D.
The Mayo Clinic
Rochester, Minnesota



**SALUTATION
FROM PRESIDENT WILSON**

*To Members of the California
Medical Association—*

Greetings:

Four full days of carefully planned scientific programs and several evenings of joyful social gathering await you at Del Monte.

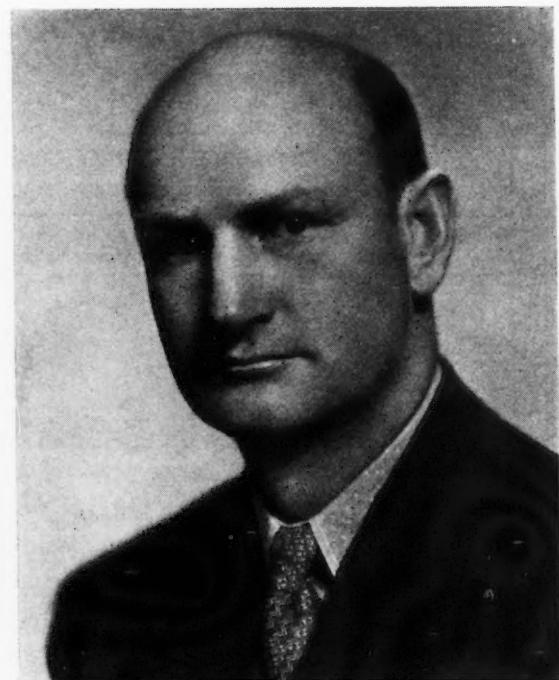
Come, as many of you as are able to manage; bring your families; participate in the programs, discussions and entertainment, helping with your viewpoint to make the California Medical Association continue to stand for scientific progress, freedom of initiative and free enterprise. The time: May the fifth to and including May the eighth.

Bring your golf outfits, skeet guns, and zest.

May I express my appreciation of the hearty coöperation given your Officers and your President during this extremely interesting year.

Cordially,

**HARRY H. WILSON,
President.**





HENRY S. ROGERS
President-Elect

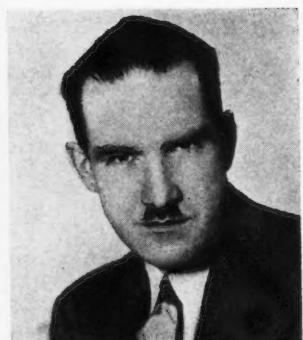
SECTION OFFICERS



RUSSEL V. LEE
Chairman, General Medicine



GEORGE K. RHODES
Chairman, General Surgery



WILLIAM BENBOW THOMPSON
Chairman, Obstetrics and Gynecology



E. RICHMOND WARE
Secretary, General Medicine



FRANK J. BRESLIN
Secretary, General Surgery



NORMAN H. WILLIAMS
Secretary, Obstetrics and Gynecology

SECTION OFFICERS



HARRY J. WILEY
Chairman, Eye, Ear, Nose and Throat



CHARLES F. McCUSKEY
Chairman, Anesthesiology



H. J. TEMPLETON
Chairman,
Dermatology and Syphilology



WARREN D. HORNER
Secretary, Eye, Ear, Nose and Throat



KAROLINA B. JUMP
Secretary, Anesthesiology



FRANCES A. TORREY
Secretary,
Dermatology and Syphilology



JOHN D. BALL
Secretary,
Industrial Medicine and Surgery



ROY W. HAMMACK
Secretary, Pathology and Bacteriology



JAMES A. CUTTING
Secretary, Neuropsychiatry

SECTION OFFICERS



JOHN S. STEPHENS
Chairman,
Industrial Medicine and Surgery



JOHN W. BUDD
Chairman, Pathology and Bacteriology



R. B. RANEY
Chairman, Neuropsychiatry



WILLIAM W. BELFORD
Chairman, Pediatrics



LYLE G. CRAIG
Chairman, Urology



CARL H. PARKER
Chairman, Radiology



J. J. MILLER, JR.
Secretary, Pediatrics



EDWARD W. BEACH
Secretary, Urology



WILBUR BAILEY
Secretary, Radiology

Part I

PROGRAM

THE SEVENTIETH ANNUAL SESSION of the CALIFORNIA MEDICAL ASSOCIATION

TO BE HELD AT

HOTEL DEL MONTE, DEL MONTE

MAY 5-8, 1941

OFFICERS AND COMMITTEES, 1941

GENERAL OFFICERS*

HARRY H. WILSON, Los Angeles, President

HENRY S. ROGERS, Petaluma, President-Elect

LOWELL S. GOIN, Los Angeles, Speaker of House of Delegates

E. VINCENT ASKEY, Los Angeles, Vice-Speaker of House of Delegates

P. K. GILMAN, San Francisco, Chairman of Council

CHARLES A. DUKES, Oakland, Chairman, Executive Committee

GEORGE H. KRESS, San Francisco, Secretary-Editor

JOHN HUNTON, San Francisco, Executive Secretary

HARTLEY F. PEART, San Francisco, General Counsel

- - - - -

MEMBERS OF HOUSE OF DELEGATES—38th ANNUAL SESSION

TOTAL DELEGATES (172)

DELEGATES EX OFFICIO (22)

Harry H. Wilson, Los Angeles.....President
 Henry S. Rogers, Petaluma.....President-Elect
 Charles A. Dukes, Oakland.....Past President
 Lowell S. Goin, Los Angeles..Speaker of House of Delegates
 E. Vincent Askey, Los Angeles.....Vice-Speaker of House of Delegates
 George H. Kress, San Francisco.....Secretary-Treasurer-Editor
 Calvert L. Emmons, Ontario (1941).....Councilor 1st District
 George D. Maner, Los Angeles (1942).....Councilor 2nd District
 Louis A. Packard, Bakersfield (1943).....Councilor 3rd District
 Axel E. Anderson, Fresno (1941).....Councilor 4th District
 R. Stanley Kneeshaw, San Jose (1942).....Councilor 5th District
 John W. Cline, San Francisco (1943).....Councilor 6th District
 Oliver D. Hamlin, Oakland (1941).....Councilor 7th District
 Frank A. MacDonald, Sacramento (1942).....Councilor 8th District
 John W. Green, Vallejo (1943).....Councilor 9th District
 Philip K. Gilman, San Francisco (1941).....Councilor-at-Large
 Sam J. McClendon, San Diego (1942).....Councilor-at-Large
 Edward B. Dewey, Pasadena (1943).....Councilor-at-Large
 E. Earl Moody, Los Angeles (1941).....Councilor-at-Large
 Elbridge J. Best, San Francisco (1942).....Councilor-at-Large
 Dewey R. Powell, Stockton (1943).....Councilor-at-Large
 Donald Cass, Los Angeles.....Chairman, Committee on Public Relations

ELECTED DELEGATES (150)

Delegates

	Alameda County (12)
A. A. Alexander	Dorothy M. Allen
Leonard Barnard	Warren Allen
Thomas Buckley	Philip N. Baxter

* For Rosters of Councilors, Standing and Special Committees, and Officers of Component County Medical Societies, see in this issue, on advertising pages 2, 4 and 6. Full roster is omitted here, due to lack of space.

Delegates

	Alternates
Grant Ellis	Whitfield Crane
Charles F. Greenwood	John Ewer
Norman B. Leet	James B. Graeser
Frank Makinson	Charles C. Hall
Oscar T. McAllister	Donald Lum
Paul Michael	George Nesche
John W. Sherrick	Robert S. Peers
Harry J. Smith	Hobart Rogers
Fletcher B. Taylor	Harry J. Templeton

Alternates

	Butte County (1)
Charles E. Benninger, Jr.	Charles C. Landis

Contra Costa County (1)

	S. N. Weil
Ralph C. Leggo	

Fresno County (3)

N. Dau	W. L. Adams, Jr.
C. James	R. W. Dahlgren
G. W. Walker	J. E. Young

Humboldt County (1)

John N. Chain	Joseph S. Woolford
---------------	--------------------

Imperial County (1)

L. C. House	Philip Hodgkin
-------------	----------------

Inyo-Mono County (1)

Selda Anthony	H. W. Dueker
---------------	--------------

Kern County (2)

C. S. Compton	E. F. Colby
F. J. Gundry	J. M. Nicholson

Kings County (1)

L. W. Sorenson	Charles T. Rosson, Jr.
----------------	------------------------

Lassen-Plumas-Modoc County (1)

W. B. McKnight	Bernard S. Holm
----------------	-----------------

Delegates	Alternates	Delegates	Alternates
Los Angeles County (53)			
Elliot Alden	William N. Anderson	Walter S. Cherry	John L. Nevin
L. A. Alesen	C. J. Baumgartner	Francis E. Clough	Arthur E. Varden
C. Max Anderson	A. Elmer Belt	A. D. Neubert	Marcus D. White
John Martin Askey	A. A. Blatherwick	Delbert B. Williams	Thomas I. Zirkle
Samuel Ayres, Jr.	Peter H. Blong		
Wilbur Bailey	William C. Boeck		
John V. Barrow	Lewis P. Bolander		
Clifford L. Bartlett	Albert G. Bower		
Edwin S. Bennett	H. B. Breitman		
Karl M. Bonoff	Frank J. Breslin		
William H. Brownfield	Ben L. Bryant		
Donald Charnock	John W. Budd		
A. B. Cooke	O. W. Butler		
William E. Costolow	Edward M. Butt		
John C. Cottrell	Ralph V. Byrne		
Jay J. Crane	Tenero D. Caruso		
John W. Crossan	John F. Chapman		
Harold Cummings	Kenneth S. Davis		
William H. Daniel	George Dock		
Wallace Dodge	John B. Doyle		
James C. Doyle	G. R. Dunlevy		
John G. Dunlop	Alvin G. Foord		
Ben R. Dysart	Paul D. Foster		
Ralph B. Eusden	Henry Gernand		
Paul A. Ferrier	William M. Happ		
Orrie Ghrist	Leland Hawkins		
William M. Gibbs	Charles M. Hayes		
W. L. Halverson	Edward W. Hayes		
George H. Houck	Elizabeth Mason Hohl		
Robert W. Langley	Rodman Irvine		
E. Eric Larson	John C. Irwin		
William H. Leake	Newell Jones		
Llewellyn R. Lewis	V. J. Keating		
Leo J. Madsen	W. P. Kroger		
William R. Molony, Sr.	Grant Lanphere		
J. P. Mortensen	John P. Lordan		
Carl L. Mulfinger	Paul E. McMaster		
Thomas Chalmers Myers	J. Norman O'Neill		
John P. Nuttall	Edward M. Pallette		
William H. Olds	Carl H. Parker		
Frank Otto	Paul A. Quaintance		
Edmund T. Remmen	Orin J. Riddell		
John C. Ruddock	Kenneth E. Smiley		
Edward Ruth	John Stephens		
Raymond Sands	Philip Stephens		
Henry Snure	Raymond Swinney		
Joseph B. Stevens	Harold L. Thompson		
Roy E. Thomas	William Benbow Thompson		
Donald Tolleson	Harold Whisman		
Robert A. Walker	Robert W. Wilcox		
E. Richmond Ware	Harry J. Wiley		
George D. Wells	Harold R. Witherbee		
Howard West	Clifford A. Wright		
Marin County (1)			
Bernard J. Conroy	Carl W. Clark		
Mendocino-Lake County (1)			
Walter Rapaport	Lew K. Van Allen		
Merced County (1)			
E. A. Jackson	Clarence Fitzgibbon		
Monterey County (2)			
Joseph McCarthy	L. P. Davlin		
John C. Sharp	Dwight Bissell		
Napa County (1)			
George I. Dawson	D. H. Murray		
Orange County (3)			
Dexter R. Ball	F. Harold Gobar		
Harry Huffman	Merrill Hollingsworth		
H. A. Johnston	Lawrence Whittaker		
Placer-Nevada-Sierra County (1)			
William M. Miller	C. C. Briner		
Riverside County (2)			
N. K. Bear	Bon O. Adams		
Philip Corr	Omer W. Wheeler		
Sacramento County (4)			
Norris Jones	M. L. Azevedo		
Wayne Pollock	Dave Dozier		
Frederick N. Scatena	P. H. Guttman		
Ray M. Wallerius	H. M. Kanner		
San Benito County (1)			
J. M. O'Donnell	John J. Haruff		
San Bernardino County (4)			
	Walter S. Cherry		
	Francis E. Clough		
	A. D. Neubert		
	Delbert B. Williams		
San Diego County (6)			
	A. J. Cooper		
	W. L. Garth		
	Hall G. Holder		
	S. J. McClendon		
	W. H. Newman		
	Bryant R. Simpson		
San Francisco County (20)			
	Frederic C. Bost		
	Howard A. Brown		
	Jesse L. Carr		
	L. R. Chandler		
	G. Dan Delprat		
	Frederick S. Foote		
	L. Henry Garland		
	Henry Gibbons III		
	Warren D. Horner		
	Nelson J. Howard		
	T. Henshaw Kelly		
	Alson R. Kilgore		
	Robert R. Newell		
	Gerald B. O'Connor		
	J. Marion Read		
	Francis Rochex		
	Roland P. Seitz		
	Sidney J. Shipman		
	Robert S. Stone		
	Dwight L. Wilbur		
San Joaquin County (3)			
	Frank J. Doughty		
	George H. Sanderson		
	C. V. Thompson		
San Luis Obispo County (1)			
	Frank Yocom		
San Mateo County (2)			
	Hartzell H. Ray		
	Robert Monteith		
Santa Barbara County (3)			
	Harry E. Henderson		
	Edward L. Markthaler		
	Delbert H. McNamara		
Santa Clara County (4)			
	Joseph B. Josephson		
	Russel V. Lee		
	Leslie B. Magoon		
	John H. Shephard		
Santa Cruz County (1)			
	A. F. Giberson		
Shasta County (1)			
	Benjamin F. Saylor		
Siskiyou County (1)			
	C. C. Dickenson		
Solano County (1)			
	H. Randall Madeley		
Sonoma County (2)			
	C. M. Fleissner		
	R. L. Zieber		
Stanislaus County (1)			
	Warren N. Steele, Jr.		
Tehama County (1)			
	F. L. Doane		
Tulare County (1)			
	R. E. Cronemiller		
Ventura County (2)			
	Robert K. Harker		
	Harold B. Osborn		
Yolo County (1)			
	John Homer Woolsey		
Yuba-Sutter-Colusa County (1)			
	Stanley R. Parkinson		
	Virgil E. Hepp		

REGISTRATION INFORMATION

Registration and Information. Registration and information desks are located in the west lobby, adjacent to the entrance to the dining room. All persons, whether or not members of the Association, are requested to register immediately on arrival. Registration secretaries will be on duty from 9 a. m. to 5 p. m.

Annual Session Program. Copies of complete session proceedings, showing times and places of all meetings, are available at the registration desk.

Pre-Convention Bulletin. Annual reports of officers, councilors and committees appeared in the April issue of CALIFORNIA AND WESTERN MEDICINE. Additional copies of these reports will be made available to delegates and alternates for their study either at the registration desk or at the first meeting of the House of Delegates.

Badges. Badges will be issued at the registration desk. Separate types of badges will be issued for members, delegates, alternates, officers, exhibitors, and section officers. Please request the proper type of badge on registering.

President's Dinner Tickets. Tickets may be secured from the head waiter at the main hotel dining room. Members who are registered at Hotel Del Monte or at Del Monte Lodge must also secure tickets in this way. The head waiter will make reservations for special tables of eight or more for this dinner.

Woman's Auxiliary. Headquarters for the Auxiliary will

be at the Travel desk directly opposite the main hotel desk. All arrangements for Auxiliary activities will be made at this location.

Guests and Visitors. All guests and visitors are requested to register and to secure a badge and program. All general meetings and scientific meetings are open to visitors and guests so registered. There is no charge for registration.

Bulletin Boards. Consult bulletin boards in the main hotel lobby for announcements of special events. A diagram of meeting places of scientific sections will also be found on these bulletin boards.

Technical-Commercial Exhibits. Be sure to visit the technical-commercial exhibits in various sections of the hotel. These exhibits are located in the west and east lobbies of the first floor, on the west lobby terrace, in the sun parlor, and on the ground floor of the hotel opposite the news stand and the tap room. The exhibitors have on display the most modern apparatus and pharmaceuticals and are deserving of the attention of all those attending this annual session.

Suggestions and Criticisms. Members are invited to present suggestions and criticisms to the officers and committees through the registration desk. These suggestions may be made to refer to either this session or future annual sessions and will be given full consideration by those concerned.



I

HOUSE OF DELEGATES MEETINGS

38th ANNUAL SESSION

The House of Delegates will convene in the ground floor Auditorium on Monday evening, May 5, at 8 p. m., and again in the same room on Wednesday afternoon, May 7, at 5 p. m. The evening meeting on Wednesday will be held in the ground floor Auditorium.

Speaker, LOWELL S. GOIN, Los Angeles

Vice-Speaker, E. VINCENT ASKEY, Los Angeles

Secretary, GEORGE H. KRESS, San Francisco

FIRST MEETING

Monday, May 5, 8 p. m., Auditorium

Order of Business

1. Call to order.
2. Report of Committee on Credentials.
3. Roll call.
4. Announcement and approval of Reference Committees.*
 (a) Committee on Credentials.
 (b) Reference Committee on the Reports of Officers and Standing Committees.

* Committees will be announced in programs to appear later.

Excerpt from the California Medical Association By-Laws: Chapter III, Section 6, Paragraphs (a) and (b). "Section 6 (a). Appointment of Committee on Credentials and three Reference Committees.

Prior to or at the beginning of an annual session, the Speaker of the House shall appoint from the members thereof the following committees:

1. Committee on Credentials.
2. Reference Committee on the Reports of Officers and Standing Committees.
3. Reference Committee on the Report of the Council and the Report of the Secretary-Treasurer.
4. Reference Committee on Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business.

(b) Membership of Credentials and Reference Committees.

Each of the aforesaid committees shall consist of three members, the chairman of each to be designated by the Speaker.

The Speaker, the House concurring, shall refer said reports, resolutions, and business to the respective Reference Committees, but may allocate among them any of said reports, resolutions or portions thereof, and other business, to avoid duplication and to expedite the business of the House of Delegates.

The Reference Committees shall present written reports dealing with and making recommendations on all matters submitted to them. The report of each committee shall be read by its chairman first as a whole, and the House of Delegates shall then act and vote upon the report as a whole or section by section, as it may deem best."

(c) Reference Committee on the Report of the Council and the Report of the Secretary-Treasurer.
 (d) Reference Committee on Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business.

5. President's address—Harry H. Wilson.
 Reports:†

6. Annual report of the Council—Philip K. Gilman, Chairman.

7. Report of the Trustees Of The California Medical Association—Philip K. Gilman, President.

8. Report of the Auditing Committee—John W. Cline, Chairman.

9. Report of Secretary-Treasurer—George H. Kress.

10. Report of Editor, George H. Kress.

11. Report of the Chairman of the Department of Public Relations—Donald Cass.

12. Report of General Counsel—Hartley F. Peart.

13. Reports of Standing and Special Committees:

A. Standing Committees.

Executive Committee—Charles A. Dukes.

Committee on Associated Societies and Technical Groups—John V. Barrow.

Committee on Audits—John W. Cline.

Committee on Health and Public Instruction—Roy E. Thomas.

Committee on History and Obituaries—Frank R. Makinson.

Committee on Hospitals, Dispensaries, and Clinics—J. Norman O'Neill.

Committee on Industrial Practice—Donald Cass.

Committee on Medical Defense—George G. Reinle.

Committee on Medical Economics—John H. Graves.

Committee on Medical Education and Medical Institutions—Loren R. Chandler.

Committee on Membership and Organization—George D. Maner.

† Reports of officers, standing and special committees appear in full text in the "Pre-Convention Bulletin." See page 181.

Committee on Postgraduate Activities—Dwight L. Wilbur.
 Committee on Publications—Francis E. Toomey.
 Committee on Public Policy and Legislation—Dwight H. Murray.
 Committee on Scientific Work—George H. Kress.
 Committee on Public Relations—Donald Cass.
 Cancer Commission—Charles A. Dukes.

B. Special Committees.
 Committee on Public Health Education—Frank R. Makinson.
 Committee on Life Membership—Robert A. Peers.
 Committee on Needy Members—Axcel E. Anderson.

14. Unfinished Business.
 Proposed amendments to Constitution. (See Addendum which appears below.)
 Proposed amendments include:
 (a) *Proposed Amendment to Constitution (1).*
 (A proposed amendment to Section 1 (b) of Article V.)
 (b) *Proposed Amendment to Constitution (2).*
 (A proposed amendment to Section 8 of Article VII.)
 (c) *Proposed Amendment to Constitution (3).*
 (A proposed amendment to Section 11 of Article X.)
 (d) *Proposed Amendment to Constitution (4).*
 (A proposed amendment to Section 12 of Article X.)
 (e) *Proposed Amendment to Constitution (5).*
 (Proposed amendments to Section 1 of Article VII; Section 8 of Article VII; Section 1 of Article X; and Section 4 of Article X.)
 (f) *Proposed Amendment to Constitution (6).*
 (A proposed amendment to Section 4 of Article V.)
 (g) *Proposed Amendment to Constitution (7).*
 (A proposed amendment to Section 1 of Article X.)
 (h) *Proposed Amendment to Constitution (8).*
 (A proposed amendment to Article IV.)

15. Resolutions and New Business.
 (NOTE: All resolutions must be in writing, in triplicate, and be handed to the Secretary at time of presentation.)

16. Approval of Minutes.
 17. Adjournment of the First Meeting of the House.

* * *

ADDENDUM

Proposed Amendments to the Constitution of the California Medical Association

At the thirty-seventh annual session of the House of Delegates, held at Hotel Coronado, May 6, 1940, eight amendments to the Constitution were submitted. Proposed amendments, listed below under captions I to V, were submitted by John W. Cline of San Francisco (noted in printed minutes in CALIFORNIA AND WESTERN MEDICINE, June, 1940, on page 266), and amendments having numbers VI and VII were presented by E. T. Remmen of Los Angeles (noted in printed minutes in CALIFORNIA AND WESTERN MEDICINE, June, 1940, on page 272). Error in use of John D. Ruddock's name in electric recorder transcription was corrected in CALIFORNIA AND WESTERN MEDICINE, December, 1940, on page 273). Amendment having number VIII was presented by Robert A. Peers of Colfax.

Procedure to be followed in consideration of proposed amendments is outlined in Article XV, Section 1, as follows:

ARTICLE XV.—AMENDMENTS

SECTION 1.—Procedure to Amend Constitution

Any member of the House of Delegates at any meeting of any regular annual session thereof may present an amendment or amendments to any article or articles or any section or sections of any article or articles of this Constitution.

Such proposed amendment or amendments shall be in writing and shall be filed with the Secretary and shall thereafter be published at least twice in separate issues of the OFFICIAL JOURNAL of this Association prior to the next regular session of the House of Delegates.

At the said next regular session of the House of Delegates, such proposed amendment or amendments shall be submitted to the House of Delegates, for consideration at any meeting of the House of Delegates during that annual session, and if two-thirds of the delegates present and voting vote in favor thereof the same shall be adopted.

* * *

Proposed amendments submitted by Dr. John W. Cline:

PROPOSED AMENDMENT TO CONSTITUTION: NO. I

Resolved, That Section 1(b) of Article V of the Constitution of this Association, California Medical Association, be and the same hereby is amended by inserting before the period and after the word "Constitution" the following: "excepting the Secretary-Treasurer and Editor," so that said Section 1(b) of Article V shall hereafter read as follows:

(b) The officers of this Association enumerated in Section 1 of Article X of this Constitution, excepting the Secretary-Treasurer and Editor.

* * *

PROPOSED AMENDMENT TO CONSTITUTION: NO. II

Another amendment to the Constitution:

Resolved, That Section 8 of Article VII of the Constitution of this Association, California Medical Association, be and the same hereby is amended by inserting after the comma which follows the words "Public Relations," the following: "and ex officio, but without the right to vote," so that said Section 8 of Article VII will hereafter read as follows:

SECTION 8.—Executive Committee

The Executive Committee shall consist of the President, the Past President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, and ex officio, but without the right to vote, the Secretary-Treasurer and the Editor.

* * *

PROPOSED AMENDMENT TO CONSTITUTION: NO. III

Another amendment to the Constitution:

Resolved, That Section 11 of Article X of the Constitution of this Association, California Medical Association, be and the same hereby is amended by striking out of said Section 11 the following:

SECTION 11.—Election of Council Chairman; Council Vice-Chairman; Secretary-Treasurer; Editor and Associate Editors

The Council, at the organization meeting thereof, shall elect a Chairman, a Vice-Chairman, a Secretary-Treasurer, an Editor; and, in its discretion, one or more Associate Editors, each to serve for the term of one year, and by inserting in lieu thereof the following:

SECTION 11.—Election of Chairman and Vice-Chairman of Council; Employment of Secretary-Treasurer, Assistant Secretaries, Editor and Associate Editors

The Council, at the organization meeting thereof, shall elect a Chairman and a Vice-Chairman, each to serve for the term of one year. It shall also employ, if any vacancy exists, a Secretary-Treasurer and an Editor, and, in its discretion, one or more Assistant Secretaries or Associate Editors. The terms of their employment shall be such as are satisfactory to the Council, provided, however, that no contract of employment shall, by its terms, exceed a period of three years from the date of the organization meeting at which such contract is authorized.

* * *

PROPOSED AMENDMENT TO CONSTITUTION: NO. IV

Another:

Resolved, That Section 12 of Article X of the Constitution of this Association, California Medical Association, be and the same hereby is amended by striking out all of said Section 12 reading as follows:

SECTION 12.—Qualifications of Secretary-Treasurer and Editor

No person shall be eligible to the office of Secretary-Treasurer or Editor or Associate Editor who does not hold the degree of Doctor of Medicine, but membership in this Association shall not be a necessary qualification for the offices of Secretary-Treasurer, Editor, or Associate Editor.

and by inserting in lieu thereof the following:

SECTION 12.—Qualifications of Secretary-Treasurer and Editor

The Secretary-Treasurer, the Editor, Assistant Secretaries and Associate Editors may, but need not, hold the degree of Doctor of Medicine, and may, but need not, be members of this Association.

1 1 1

PROPOSED AMENDMENT TO CONSTITUTION : NO. V

An amendment to the Constitution:

Resolved, That Section 1 of Article VII of the Constitution of this Association, California Medical Association, be and it hereby is amended by striking out of the first paragraph of said Section 1 the following: "and the Chairman of the Committee on Public Relations" so that the said first paragraph of Section 1 of Article VII will hereafter read as follows:

The Council shall consist of the Councilors and ex officio: the President, the Past President, the President-Elect, and the Speaker of the House of Delegates, each with all the rights of a Councilor.

and be it further

Resolved, That Section 8 of Article VII of the Constitution of this Association be and the same hereby is amended by striking out of said section the following: "the Chairman of the Committee on Public Relations," so that said Section 8 of Article VII will hereafter read as follows:

The Executive Committee shall consist of the President, the Past President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Secretary-Treasurer, and the Editor.

and be it further

Resolved, That Section 1 of Article X of the Constitution of this Association be and the same hereby is amended by striking out of said Section 1 the following: "the Chairman of the Committee on Public Relations," so that said Section 1 of Article X will hereafter read as follows:

The officers of this Association shall be a President, a Past President, a President-Elect, a Secretary-Treasurer, a Speaker of the House of Delegates, a Vice-Speaker of the House of Delegates, an Editor and fifteen Councilors (six of the fifteen Councilors being elected as at large and nine from Councilor Districts, as herein provided).

and be it further

Resolved, That Section 4 of Article X of the Constitution of this Association be and the same hereby is amended by striking out of the first paragraph of said Section 4 the following: "and Chairman of the Committee on Public Relations," so that the first paragraph of said Section 4 shall hereafter read as follows:

The President, Past President, President-Elect, and Speaker of the House of Delegates shall be ex officio members of the Council with all the rights of Councilors.

and be it further

Resolved, That the Constitution of this Association be and the same hereby is amended by striking out all of Section 15 of Article X of said Constitution.

1 1 1

Proposed amendments submitted by Dr. E. T. Remmen:

PROPOSED AMENDMENT TO CONSTITUTION : NO. VI

Resolved, That Section 4 of Article V of the Constitution of this Association, California Medical Association, which is entitled "Terms of Delegates and Alternates; One-Half Elected Each Year," be and the same hereby is amended to read as follows:

Delegates and alternates shall be elected by the several component county societies, respectively, for a term of two years; one-half of the delegates and alternates representing each component county society, as near as may be, shall be elected each year, provided that, in order to equalize the number of delegates elected each year, where at present the inequality in number is greater than one, a component county society may elect a sufficient number of delegates for a term of one year to equalize future elections in such society. Delegates and alternates shall be elected directly at regular elections by the members of each component county society by an equitable method to be selected by each society, and shall not be elected or appointed by the Council, Board of Directors or Trustees or other governing body or by any

officers or officer thereof, except to fill vacancies occurring between such regular elections; any delegate or alternate so selected to fill such a vacancy shall serve only until his successor shall have been duly elected.

1 1 1

PROPOSED AMENDMENT TO CONSTITUTION : NO. VII

The second resolution:

Resolved, That Section 1 of Article X of the Constitution of this Association, California Medical Association, be amended by adding to said section a new paragraph reading as follows:

No member who holds any office in a component county society and who is elected as an officer of this Association (except the Vice-Speaker of the House of Delegates and the Editor) shall be eligible to serve as such officer of this Association unless he shall, forthwith upon his election, resign any of the offices hereafter set forth held by him in a component county society; and, in the event that he fails to do so, the Council, at its first meeting after such election, shall declare vacant the office of this Association to which he has been elected. The offices of a component county society from which such an officer-elect of this Association must resign are: President, Vice-President, Secretary, Treasurer, Councilor, Director, Trustee or any other office however entitled, the powers and duties of which would customarily include a substantial part of the powers and duties of any of said named offices.

1 1 1

Proposed amendment submitted by the Special Committee on Life Membership, Robert A. Peers, chairman.

PROPOSED AMENDMENT TO CONSTITUTION : NO. VIII*

Resolved, That Article IV of the Constitution of this Association, California Medical Association, be and the same hereby is amended by adding to Section 1 of said Article IV a new subdivision, namely, Subdivision (e), entitled "Life Members," and reading as follows:

(e) LIFE MEMBERS

Qualifications: Life members of the California Medical Association shall be elected by the Council on the recommendation of any component county society from those active members thereof who (1) have been active members of this Association continuously for a period of twenty (20) years or more and are more than fifty (50) but less than sixty (60) years of age and have tendered to this Association a life membership fee of one hundred fifty (150) dollars; or (2) have been active members of this Association continuously for twenty-five (25) years or more and are more than sixty (60) but less than sixty-five (65) years of age and have tendered to this Association a life membership fee of one hundred (100) dollars; or (3) have been active members of this Association continuously for a period of twenty-five (25) years or more, are more than sixty-five (65) but less than seventy (70) years of age and have tendered to this Association a life membership fee of fifty (50) dollars; or (4) have been active members of this Association continuously for twenty-five (25) years or more and are more than seventy (70) years of age. Those active members falling within Classification 4 need not be recommended by any component county society, but are eligible to life membership on direct application to the Council. The Council may not elect to life membership any active member whose membership has not been continuous or who has ever been censured, suspended or expelled from the American Medical Association, this Association, any state medical association which is a constituent unit of the American Medical Association, or any county medical society which is a component part of this Association or a unit of any other state medical association.

Obligations and Rights.—Life members shall not pay dues and shall not be liable for assessments of any kind or nature. If active membership in good standing is maintained in his component county society, each life member shall have the right to vote, to hold office, and shall have all other rights and privileges of the Association. If active membership in his component county society is not maintained, the rights and privileges of a life member shall be those of a retired member.

*First printing of this constitutional amendment appeared in CALIFORNIA AND WESTERN MEDICINE Supplement, April, 1940, on page 44. Second printing in July, 1940. See also June issue, on page 280.

SCIENTIFIC ASSEMBLY—GENERAL AND SECTION MEETINGS[†]

III GENERAL MEETINGS

For index of speakers, see page 177

All General Meetings will be held in the Auditorium, on the ground floor, Hotel Del Monte

First General Meeting

Auditorium-Bali Room

Monday, May 5, 9 a.m.

Presiding

Charles A. Dukes, Past President
Harry H. Wilson, President

Address of Welcome—James McPharlin, M. D., President of the Monterey County Medical Society.

Greetings from the Woman's Auxiliary—Mrs. Axel E. Anderson, Fresno, President of the Woman's Auxiliary to the California Medical Association.

Presentation of Miss Ruth Kliener, Bakersfield Junior College (successful contestant in the high school-junior college essay contest, conducted under the auspices of the California Medical Association Committee on Public Health Education).

Address of President—Harry H. Wilson, M. D., Los Angeles, President of the California Medical Association.

Report on California Physicians' Service—Ray Lyman Wilbur, M. D., President, and Albert E. Larsen, M. D., Secretary.

Report of Committee on Public Policy and Legislation—Dwight H. Murray, M. D., Napa, Chairman.

Potential Changes in Relationship Between the California State Department of Public Health and Private Doctors of Medicine—A. Elmer Belt, M. D., President, Los Angeles, and Bertram P. Brown, M. D., Director, San Francisco.

Report on National Physicians' Committee for the Extension of Medical Service (N. P. C.)—John M. Pratt, Executive Director, Chicago.

Rôle of the Medical Profession in the Defense Industrial Program—John H. Musser, M. D., Tulane University Medical School, New Orleans. (Guest speaker.)

Second General Meeting

Auditorium-Bali Room

Tuesday, May 6, 9 a.m.

Presiding: Harry H. Wilson, President
Russel V. Lee, Section Chairman

This general meeting is under the direction of the Section on General Medicine. Program of that Section gives additional information. See page 166.

PART I. GENERAL SESSION

The Choice in Sulfonamide Drugs—Lowell A. Rantz, M. D., San Francisco, and Windsor C. Cutting, M. D., San Francisco.

Administrative Psychiatry—Aaron J. Rosanoff, M. D., Sacramento.

Facts and Fancies in Lower Back Disability—W. Warner Watkins, M. D., Phoenix, Arizona (by invitation).

PART II. CLINICAL PATHOLOGICAL CONFERENCE

Director: E. Richmond Ware, Section Secretary

Presentation of Two Cases: Discussion—John H. Musser, M. D., Department of Medicine, Tulane University Medical School, New Orleans; Robert F. Loeb, M. D., Department of Medicine, Columbia University Medical School, New York, and Alvin J. Cox, M. D., Department of Pathology, Stanford University Medical School, San Francisco.

Third General Meeting

Auditorium-Bali Room

Wednesday, May 7, 9 a.m.

Presiding: Harry H. Wilson, President
George K. Rhodes, Section Chairman

The general meeting of Wednesday morning is under the direction of the Section on General Surgery. Program of that Section gives additional information. See page 167.

Diverticulosis and Diverticulitis of the Colon—E. J. Kiley, M. D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by Stanley Mentzer, M. D., San Francisco, and E. Eric Larson, M. D., Los Angeles.

Operations for Goiter at the University of California Hospital—H. H. Searls, M. D., and Maurice Zeff, M. D., University Hospital, Third and Parnassus Avenues, San Francisco.

Discussion by Carl Hoag, M. D., San Francisco, and H. C. Shephardson, M. D., San Francisco.

Problems of Adrenal Insufficiency—Robert F. Loeb, M. D., Professor of Medicine, College of Physicians and Surgeons, Columbia University, New York. (Guest speaker.)

Surgery of Adrenal Tumors—Waltman Walters, M. D., The Mayo Clinic, Rochester, Minnesota. (Guest speaker.)

Fourth General Meeting

Auditorium-Bali Room

Thursday, May 8, 9 a.m.

Presiding: Henry S. Rogers, President
Philip K. Gilman, Chairman of California Committee on Medical Preparedness

Director: J. Homer Woolsey, Member of Committee on Scientific Work

A SYMPOSIUM ON MILITARY MEDICINE

Medical Preparedness in California—Philip K. Gilman, M. D., Chairman of California Medical Association Committee on Medical Preparedness.

Medical Preparedness Activities of the American Medical Association—Charles A. Dukes, Member of the National Committee on Medical Preparedness of the American Medical Association.

Needs of the Medical Corps of the Army—Colonel H. R. Beery, Medical Corps, United States Army.

Needs of the Medical Corps of the Navy—Edward V. Reed, Captain, Medical Corps, United States Navy.

Aviation Medicine—Robert G. Davis, Captain, Medical Corps, United States Navy.

Selective Service Act: Medical Phases—Lieutenant Colonel Bert S. Thomas, Chief of Medical Division, California Selective Service.

If time permits, general discussion will follow. Questions may also be sent forward in writing.

[†] A program of the meetings to be held at the annual session will be mailed to every member of the California Medical Association. The programs will contain abstracts of papers and other information. To conserve space in CALIFORNIA AND WESTERN MEDICINE, abstracts are not printed.

SECOND MEETING*

Wednesday, May 7, 5 p.m., Auditorium

Order of Business

1. Call to order.
2. Supplemental Report of Credentials Committee.
3. Roll call.
4. Secretary's announcement of Council's selection of place for the 1942 annual session.
5. Election of Officers:
 - (a) President-Elect.
 - (b) Speaker.
 - (c) Vice-Speaker.
 - (d) Councilors:
 - First District—Calvert L. Emmons, Ontario (term expiring).
 - Fourth District—Axcel E. Anderson, Fresno (term expiring).
 - Seventh District—Oliver D. Hamlin, Oakland (term expiring).
 - (e) Councilors-at-Large:
 - Philip K. Gilman, San Francisco (term expiring).
 - E. Earl Moody, Los Angeles (term expiring).
 - (f) Delegates to the American Medical Association—Incumbents:
 - (a) Elbridge J. Best, San Francisco (term expiring).
 - (b) Lyell C. Kinney, San Diego (term expiring).
 - (c) Lowell S. Goin, Los Angeles (term expiring).

*The second meeting will recess at such time in the afternoon as may be deemed best, to meet again at 8 p.m. in the ballroom auditorium, on the lobby floor.

- (d) Henry S. Rogers, Petaluma (term expiring).
- (g) Alternates to the American Medical Association—(Member elected is alternate to a specific delegate.)
- Incumbents:
 - (a) Robert S. Stone, San Francisco (term expiring).
 - (b) Bon O. Adams, Riverside (term expiring).
 - (c) Roy E. Thomas, Los Angeles (term expiring).
 - (d) Philip K. Gilman, San Francisco (term expiring).
6. Announcement and Approval of Members of Standing Committees Elected by the Council.
7. Report of Reference Committees:
 - (a) Report of Reference Committee on "Reports of Officers and Standing Committees" (Reference Committee No. 1).
 - (b) Report of Reference Committee on "Report of the Council and Report of the Secretary-Treasurer" (Reference Committee No. 2).
 - (c) Reference Committee on "Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business" (Reference Committee No. 3).
8. Unfinished Business.
9. Presentation of Officers:

President
President-Elect
Speaker
Vice-Speaker
10. Presentation of Certificate to Retiring President Harry H. Wilson.
11. Approval of Minutes.
12. Adjournment.



II

PROGRAM: BY DAYS

See special programs for additional information

Sunday, May 4

9:00 a.m. to 4:30 p.m.—Pathologic Conference.
(under auspices of the Cancer Commission).

9:30 a.m.—Radiologic Conference (under auspices of the Cancer Commission).

12:00 noon to 5:00 p.m.—Scientific and commercial exhibits.

1:00 p.m.—Clinical Session on Cancer.

3:00 p.m.—Conference of County Society Secretaries.

7:30 p.m.—Council Meeting.

Monday, May 5

9:00 a.m.—First General Meeting: President's and other addresses.

1:30 p.m.—Section Meetings.

8:00 p.m.—House of Delegates.*

Note.—Council meets daily during the annual session.

Watch bulletin board for hours during which film and other demonstrations will be given in the Scientific Exhibits Section. Films will be shown in the Copper Cup Room between the hours of 9 a.m. and 12 noon. A different film will go on the screen at each half-hour.

Utilize every opportunity to visit the commercial and technical exhibits. Exhibitors will appreciate your interest.

Tuesday, May 6

7:45 a.m.—Past Presidents' Breakfast.

9:00 a.m.—General Meeting (Medical).

11:15 a.m.—Clinical-Pathological Conference.

12:30 p.m.—Special luncheons.

2:00 p.m.—California Physicians' Service.

4:15 p.m.—Meeting of "Medical Society of the State of California."

7:30 p.m.—President's dinner, reception, and dance.

Wednesday, May 7

9:00 a.m.—General Meeting (Surgical).

1:30 p.m.—Section Meetings.

5:00 p.m.—House of Delegates.

8:00 p.m.—House of Delegates.*

Thursday, May 8

9:00 a.m.—General Meeting (Military).

1:30 p.m.—Section Meeting (Panel Discussions).

* In order to permit the House of Delegates to be called to order at 8 p.m., all delegates are requested to register with the Credentials Committee between 7:30 p.m. and 8 p.m. at each meeting. For Wednesday afternoon meeting of the House of Delegates, register between 4:30 and 5 p.m.

Paper No. 8:

Management of Psychiatric Problems in Private Practice—H. Douglas Eaton, M. D., Los Angeles.

Discussion by Martin G. Carter, M. D., Los Angeles, and George S. Johnson, M. D., San Francisco.

Paper No. 9:

Emotional Syndromes and Disturbances of Personality Resulting from Brain Damage—Samuel D. Ingham, M. D., Los Angeles.

Discussion by Carl O. Von Hagen, M. D., Los Angeles, and Paul A. Glibe, M. D., San Francisco.

Paper No. 10:

Some of the Diagnostic Problems of Coma Encountered by the Neurosurgeon—David L. Reeves, M. D., Los Angeles.

Discussion by R. B. Raney, M. D., Los Angeles, and Howard A. Brown, M. D., San Francisco.

* *

Wednesday, May 7, 9:00 a. m.—General Session

For list of speakers and papers, see programs of General Sessions (page 165).

* *

Fourth Meeting**Wednesday, May 7, 1:30 p. m.**

Paper No. 11:

Chairman's Address: Advantages and Difficulties of Group Practice—Russel Van Arsdale Lee, M. D., Palo Alto.

Business Recess

Business meeting and election of officers.

Paper No. 12:

Clinical Studies on Adrenalin and Related Compounds—M. H. Nathanson, M. D., Los Angeles.

Discussion by Dwight Wilbur, M. D., San Francisco, and Clinton H. Thienes, M. D., Los Angeles.

Paper No. 13:

The Practitioner and Problems of Diabetes—Robert F. Loeb, M. D., New York City.

Paper No. 14:

Clinical Observation in Five-Year Follow-Up Study of Tuberculosis Infection in Three Thousand College Students—C. E. Shepherd, M. D., San Francisco, and Philip H. Pierson, M. D., San Francisco.

Discussion by William Voorsanger, M. D., San Francisco, and Rudd Sundberg, M. D., San Diego.

Paper No. 15:

Experiences with Some of the Newer Estrogenic Hormones—Hans Lisser, M. D., San Francisco, and C. Kelly Canelo, M. D., San Jose.

Discussion by Frederic Fluhmann, M. D., San Francisco, and Sheldon A. Payne, M. D., Los Angeles.

Paper No. 16:

Successful Sublingual Therapy in Addison's Disease and Other Endocrine Disorders—Evelyn Anderson, M. D., San Francisco; Webb Haymaker, M. D., San Francisco; and James Hopper, M. D., San Francisco.

Discussion by George Joyce Hall, M. D., Sacramento.

* *

Fifth Meeting**Thursday, May 8, 9:00 a. m.—General Session**

SYMPOSIUM: EMPHASIS ON MEDICAL PREPAREDNESS

For list of speakers and papers, see programs of General Sessions (page 165).

Sixth Meeting**Thursday, May 8, 1:30 p. m.**

Joint Meeting with General Surgery Section

PANEL DISCUSSIONS

Intestinal Obstruction—George F. Rhodes, M. D., San Francisco, presiding.

Collaborators:

Waltman Walters, M. D., Rochester, Minnesota

Robert F. Loeb, M. D., New York City

Leo Henry Garland, M. D., San Francisco

Jesse H. Carr, M. D., San Francisco

Problems in the Care of the Aged—Howard F. West, M. D., Los Angeles, presiding.

Collaborators:

Robert F. Loeb, M. D., New York City

Waltman Walters, M. D., Rochester, Minnesota

Samuel D. Ingham, M. D., Los Angeles

Fletcher B. Taylor, M. D., Oakland

Louis E. Martin, M. D., Los Angeles

John W. Budd, M. D., Los Angeles

For the panel discussions, written questions are invited. These should be submitted to the chairmen of the Sections on Medicine and Surgery before Thursday noon, May 8, 1941. Because of time limits, there will be no open discussion from the floor.

* * *

II**GENERAL SURGERY SECTION**

GEORGE K. RHODES, M. D., *Chairman*
490 Post Street, San Francisco

FRANK J. BRESLIN, M. D., *Secretary*
1930 Wilshire Boulevard, Los Angeles

THEODORE C. LAWSON, M. D., *Assistant Secretary*
3135 Webster Street, Oakland

First Meeting**Monday, May 5, 1:30 p. m.**

Joint Meeting with the Sections on Pediatrics and Radiology

Paper No. 17:

Acute Osteomyelitis in Children—Paul E. McMaster, M. D., 1930 Wilshire Boulevard, Los Angeles, and Samuel S. Mathews, M. D., 1913 Wilshire Boulevard, Los Angeles.

Paper No. 18:

Congenital Dislocation of the Hip—The 1941 Responsibility of the Pediatrician, Roentgenologist, and Orthopedist—Joseph C. Risser, M. D., 1635 Chelsea Road, San Marino, and Morris B. Lerner, M. D., 116 North Madison Avenue, Pasadena.

Discussion by Carl H. Parker, M. D., Pasadena.

Paper No. 19:

The Physiological Pattern of Body Mechanics in Children During the First Ten Years of Life—Clifford Sweet, M. D., 2940 Summit Street, Oakland.

Discussion by Vernon P. Thompson, M. D., Los Angeles, and Frederic C. Bost, M. D., San Francisco.

Paper No. 20:

Congenital Intestinal Obstructions of the Newborn—J. Norton Nichols, M. D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by Joseph Brennemann, M. D., Los Angeles. (By invitation.)

IV

SECTION MEETINGS

For index of speakers, see page 177

SCIENTIFIC SECTION PROGRAMS

(Numbers in parenthesis after each section indicate sequence reference numbers of papers read in each section.)	PAGE
I.—General Medicine (1-16).....	166
II.—General Surgery (17-31).....	167
III.—Obstetrics and Gynecology (32-42).....	168
IV.—Eye, Ear, Nose, and Throat (43-60).....	169
V.—Anesthesiology (61-70).....	170
VI.—Dermatology and Syphilology (71-94).....	171
VII.—Industrial Medicine and Surgery (95-104).....	172
VIII.—Neuropsychiatry (105-109).....	172
IX.—Pathology and Bacteriology (110-114).....	173
X.—Pediatrics (115-122).....	173
XI.—Radiology (123-125).....	174
XII.—Urology (126-139).....	175

CALIFORNIA MEDICAL ASSOCIATION

COMMITTEE ON SCIENTIFIC WORK

Rules Regarding Papers and Discussions at the Annual Sessions

Upon the recommendation of the Executive and Program Committees the following rules regarding annual session papers have been adopted by the Council:

1. The maximum time that may be consumed for any paper is fifteen minutes, provided that not to exceed ten minutes' latitude, at the discretion of the Section or presiding chairman, may be allowed. This rule does not apply to papers by guest speakers.

2. Motions from the floor to extend the time of an author may be entertained by the presiding officer.

3. The maximum time permitted any individual to discuss a paper is four minutes. This also applies to the author in closing his discussion. No speaker may discuss any one subject more than once.

4. A copy of each and every paper presented at the state meeting must be in the hands of the chairman or secretary of the section, or in the hands of the general secretary, before the paper is presented.

5. All papers read at the annual meeting may be published in full in *CALIFORNIA AND WESTERN MEDICINE* as soon after the meeting as space will permit. Owing to lack of space in the *OFFICIAL JOURNAL*, it is not possible to print all papers that are presented at an annual session. An essayist who wishes to offer his paper to some other medical publication should make written application to the Committee on Publication, care of California Medical Association, 450 Sutter Street, San Francisco.

6. Articles are accepted for publication on condition that they are contributed solely to *CALIFORNIA AND WESTERN MEDICINE*. Authors desiring to publish their papers elsewhere than in the *JOURNAL* may have their manuscripts returned to them upon written request to the editor.

7. No paper will be accepted by the General Program Committee or by Section program committees unless accompanied by a synopsis of not to exceed fifty words.

8. Papers shall not be "read by title."

9. No member may present more than one paper at any one annual session; provided that a member may be a collaborator on more than one paper, if these papers are presented by different speakers.

A member may not present a paper in each of two succeeding years.

Not more than one member of a firm will be permitted to present a paper in an annual session of the same year.

10. Failure on the part of an author to present a paper precludes acceptance of future papers from that writer for a period of two years, unless the author explains to the satisfaction of the Program Committee his inability to fulfill his obligation.

Section Papers: How Numbered

For convenience in reference, papers are numbered in serial sequence for the entire session, instead of in separate sequence for each section.

Business Meetings of Sections

Time of business meetings and elections of officers of sections will be scheduled on section blackboards by section secretaries, and through preliminary announcements by section chairmen.

Unless otherwise announced, the business meetings of each section and the election of officers will be held immediately after the reading of the second paper on the second day's section program.

Section officers are expected to keep minutes of business meetings, and to send a copy to the California Medical Association, 450 Sutter, San Francisco, for the official files.

I

GENERAL MEDICINE SECTION

RUSSEL V. LEE, M. D., <i>Chairman</i>
300 Homer Avenue, Palo Alto
GARNETT CHENEY, M. D., <i>Vice-Chairman</i>
210 Post Street, San Francisco
E. RICHMOND WARE, M. D., <i>Secretary</i>
1930 Wilshire Boulevard, Los Angeles

First Meeting

Monday, May 5, 1:30 p. m.

A SYMPOSIUM ON BLOOD DISORDERS

Paper No. 1:

An Evaluation of the Therapy of Leukemia—Salvatore Pablo Lucia, M. D., San Francisco.

Discussion by Fletcher B. Taylor, M. D., Oakland, and Madeline Fallon, M. D., Los Angeles.

Paper No. 2:

The Etiology of Iron Deficiency Anemias—Stacey R. Mettier, M. D., San Francisco, and Frederick Kellogg, M. D., Long Beach.

Discussion by William Chew, M. D., Berkeley, and George H. Houck, M. D., Los Angeles.

Paper No. 3:

Pernicious Anemia—Adequate Versus Optimum Treatment—John Martin Askey, M. D., Los Angeles.

Discussion by Arthur Marlow, M. D., La Jolla, and E. H. Falconer, M. D., San Francisco.

Paper No. 4:

Macrocytic Anemia in Liver Disease—Edgar Wayburn, M. D., San Francisco.

Discussion by Garnett Cheney, M. D., San Francisco, and Ernest M. Hall, Los Angeles.

Paper No. 5:

The Effects Upon the Blood of the Sulfonamide Compounds—Coleman B. Hendricks, M. D., Los Angeles.

Discussion by Louis E. Martin, M. D., Los Angeles, and Lowell A. Rantz, M. D., San Francisco.

*

Second Meeting

General Session and Clinical-Pathological Conference

Tuesday, May 6, 9:00 a. m.

For list of speakers and papers, see General Session programs.

*

Third Meeting

Tuesday, May 6, 1:30 p. m.

Joint Meeting with the Neuropsychiatry Section

Paper No. 6:

The Present Status of Shock Therapy in Neuropsychiatry, with Special Reference to Recent Advances in Preventing Complications—Byron Stewart, M. D., Compton Sanitarium, Compton.

Discussion by Eugene Ziskind, M. D., Los Angeles, and Norman Reider, M. D., Los Angeles.

Paper No. 7:

Functional Cardiac Disorders—Carol McKenney, M. D., San Francisco.

Discussion by Eugene Kilgore, M. D., San Francisco, and Mark Gerstle, M. D., Lieutenant-Commander, San Diego Naval Training Station.

Robert L. Blackman, M. D., Los Angeles
 Margaret Schulze, M. D., San Francisco
 Jesse L. Carr, M. D., San Francisco
 Erle Henriksen, M. D., Los Angeles

Presentation of representative cases, including theca cell tumor, granulosa cell tumor, arrhenoblastoma, and adrenal-cell tumor. Discussion and correlation of clinical and pathological features.

*

Second Meeting
Tuesday, May 6, 1:30 p. m.

Paper No. 32:

Pregnancy Tests of the Past and the Present—Erle Henriksen, M. D., Pacific Mutual Building, Los Angeles.

Paper No. 33:

The Use of Ergonovine Intravenously at the End of the Second Stage of Labor—Donald A. Dallas, M. D., 490 Post Street, San Francisco.

Discussion by Woodburn K. Lamb, M. D., Berkeley.

Paper No. 34:

The Formation of Artificial Vagina—Harold K. Marshall, M. D., 204 Professional Building, Glendale.

Discussion by Ludwig Emge, M. D., San Francisco, and Ernest W. Page, M. D., Berkeley.

Paper No. 35:

Imperforate Hymen With and Without Hematocolpos—James C. Doyle, M. D., 415 North Camden Drive, Beverly Hills.

Discussion by Elmer Belt, M. D., Los Angeles, and Henry N. Shaw, M. D., Los Angeles.

Paper No. 36:

The Management of Tuberculosis with Pregnancy—Charles R. Castlen, M. D., 501 Glendale Professional Building, Glendale, and Margaret Aldrich, M. D., San Diego.

Discussion by Henry C. Warren, M. D., Belmont.

Paper No. 37:

Significance of Obstetrical Mortality in California for 1940—Robert A. Lyon, M. D., Department of Public Health, 760 Market Street, San Francisco.

Discussion by Karl Schaupp, M. D., San Francisco.

*

Third Meeting
Wednesday, May 7, 1:30 p. m.

Paper No. 38:

Hydatidiform Mole and Chorionepithelioma—Margaret Schulze, M. D., University of California Hospital, San Francisco.

Paper No. 39:

Hazards of Multiparity—George S. Harris, M. D., 409 North Camden Drive, Beverly Hills.

Paper No. 40:

Chairman's Address: Postgraduate Teaching of Obstetrics—William Benbow Thompson, M. D., 6253 Hollywood Boulevard, Hollywood.

Business Recess

Business meeting and election of officers.

Paper No. 41:

Polyps of the Cervix and Uterus—Kurt Neugarten, M. D., 450 Sutter Street, San Francisco.

Discussion by Daniel G. Morton, M. D., San Francisco.

Paper No. 42:

Acute Abdominal Pain Resulting from Rupture of Graafian Follicle or Corpus Luteum Cysts—Hobart M. Kelly, M. D., The Mission Inn Rotunda, Riverside. Discussion by George Judd, M. D., Los Angeles.

IV

EYE, EAR, NOSE, AND THROAT SECTION

HARRY J. WILEY, M. D., *Chairman*
 2701 Florence Street, Huntington Park

FERRIS L. ARNOLD, M. D., *Vice-Chairman*
 923 Security Building, Long Beach

WARREN D. HORNER, M. D., *Secretary*
 490 Post Street, San Francisco

First Meeting

Monday, May 5, 1:30 p. m.

SYMPOSIUM ON THE SULFANILAMIDE GROUP OF DRUGS

Paper No. 43:

General Properties, Use and Dosage of the Sulfanilamide Group—Arthur Haim, M. D., 450 Sutter Street, San Francisco. (By invitation.)

Paper No. 44:

Use of the Sulfanilamide Group in Ophthalmology—George P. Landegger, M. D., 727 West Seventh Street, Los Angeles.

Paper No. 45:

Use of the Sulfanilamide Group in Diseases of the Ear, Nose, and Throat—Lewis F. Morrison, M. D., 490 Post Street, San Francisco.

Discussion by W. C. Cutting, M. D., San Francisco (by invitation); Roy F. Nelson, M. D., Oakland; and A. Ray Irvine, M. D., Los Angeles.

SYMPOSIUM ON RETROBULBAR NEURITIS

Paper No. 46:

Retrobulbar Neuritis: Diagnosis, Etiology, and Treatment—Harold F. Whisman, M. D., 727 Seventh Street, Los Angeles.

Paper No. 47:

The Rôle of Multiple Sclerosis in the Causation of Retrobulbar Neuritis—Mervyn H. Hirschfeld, M. D., 516 Sutter Street, San Francisco. (By invitation.)

Paper No. 48:

The Relation of Sinus Disease to Retrobulbar Neuritis—Pierre Viole, M. D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by Joseph W. Crawford, M. D., San Francisco, and Ferris L. Arnold, M. D., Long Beach.

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Second Meeting
Tuesday, May 6, 1:30 p. m.

Paper No. 49:

The Effects of Drugs on the Respiration Mucous Membrane System—Leland G. Hunnicutt, M. D., 98 North Madison Avenue, Pasadena. (Kodachrome illustrations.)

Discussion by Russell Fletcher, M. D., San Francisco, and Robert C. McNaught, M. D., San Francisco.

Paper No. 50:

Otitis Externa: Diagnosis and Treatment—William H. Johnston, M. D., 1515 State Street, Santa Barbara.

Discussion by R. C. Martin, M. D., San Francisco, and Sol Malis, M. D., Los Angeles.

Paper No. 21:

Bleeding from the Digestive Tract in Infants and Children—L. R. Chandler, M. D., Stanford University Hospital, San Francisco.

Discussion by Joseph Brennemann, M. D., Los Angeles (by invitation), and Edward Shaw, M. D., San Francisco.

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Second Meeting
Tuesday, May 6, 1:30 p. m.

Paper No. 22:

The Treatment of Gallstones in the Biliary Ducts—E. Eric Larson, M. D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by Frank J. Breslin, M. D., Los Angeles, and J. Homer Woolsey, M. D., Woodland.

Paper No. 23:

Reconstruction of the Common Bile Duct by Transplantation of External Biliary Fistula—Whitfield Crane, M. D., 426 Seventeenth Street, Oakland.

Discussion by Stanley Mentzer, M. D., San Francisco, and Sumner Everingham, M. D., Oakland.

Paper No. 24:

Studies in Appendicitis—Alanson Weeks, M. D., and G. D. Delprat, M. D., Fitzhugh Building, San Francisco.

Discussion by E. C. Moore, M. D., Los Angeles, and Robertson Ward, M. D., San Francisco.

Paper No. 25:

Surgery of the Stomach and Duodenum—Waltman Walters, M. D., The Mayo Clinic, Rochester, Minnesota. (Guest speaker.)

Paper No. 26:

Indications for Partial Gastrectomy in Duodenal Ulcer—Verne C. Hunt, M. D., 727 West Seventh Street, Los Angeles.

Discussion by Clarence G. Toland, M. D., Los Angeles, and Leon Goldman, M. D., San Francisco.

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Third Meeting**General Session—Wednesday May 7, 9:00 a. m.**

SYMPOSIUM: EMPHASIS ON SURGICAL TOPICS

For list of speakers and papers, see programs of General Sessions (page 165).

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Fourth Meeting

Wednesday, May 7, 1:30 p. m.

Paper No. 27:

Tumors of the Small Bowel—Wayland A. Morrison, M. D., 1037 Pacific Mutual Building, Los Angeles, and Douglas Donath, M. D., 1037 Pacific Mutual Building, Los Angeles.

Discussion by John Homer Woolsey, M. D., Woodland, and E. V. Askey, M. D., Los Angeles.

Paper No. 28:

Tumors of the Rectum—Kenneth E. Smiley, M. D., 1136 West Sixth Street, Los Angeles.

Discussion by Robert Scarborough, M. D., San Francisco.

Paper No. 29:

Gastrojejunocolic and Enterocolic Fistulae—A Method of Treatment—Carlton Mathewson, M. D., 3975 Clay Street, San Francisco.

Discussion by Lawrence Chaffin, M. D., Los Angeles, and Ray B. McCarty, M. D., Riverside.

Business Recess

Business meeting and election of officers.

Paper No. 30:

Cancer of the Colon, Evaluation of Operative Treatment—William P. Kroger, M. D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by Robertson Ward, M. D., San Francisco, and Ralph V. Byrne, M. D., Los Angeles.

Paper No. 31:

An Aseptic Resection of the Stomach for Carcinoma—Emile Holman, M. D., Stanford University School of Medicine, Lane and Stanford University Hospitals, San Francisco.

Discussion by Carleton Mathewson, Jr., M. D., San Francisco, and Eric Larsen, M. D., Los Angeles.

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Fifth Meeting**Thursday, May 8, 9:00 a. m.—General Session**

SYMPOSIUM: EMPHASIS ON MEDICAL PREPAREDNESS
For list of speakers, see page 165.

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Sixth Meeting**Thursday, May 8, 1:30 p. m.**

Joint Meeting with Section on General Medicine

PANEL DISCUSSIONS

Intestinal Obstruction—George K. Rhodes, M. D., presiding.

Collaborators:

Leo Henry Garland, M. D., San Francisco

Jesse H. Carr, M. D., San Francisco

Robert F. Loeb, M. D., New York City

Waltman Walters, M. D., Rochester, Minnesota.

Problems in the Care of the Aged—Howard F. West, M. D., Los Angeles, presiding.

Collaborators:

Robert F. Loeb, M. D., New York City

Waltman Walters, M. D., Rochester, Minnesota

Samuel D. Ingham, M. D., Los Angeles

Fletcher Taylor, M. D., Oakland

Louis E. Martin, M. D., Los Angeles

John W. Budd, M. D., Los Angeles

For the panel discussions, written questions are invited. Questions should be submitted to the chairmen of the Sections on Medicine and Surgery before Thursday noon, May 8. Because of time limits there will be no open discussion from the floor.

**III****OBSTETRICS AND GYNECOLOGY SECTION**

WILLIAM BENBOW THOMPSON, M. D., *Chairman*
6253 Hollywood Boulevard, Hollywood

C. F. FLUHMANN, M. D., *Vice-Chairman*
Stanford University Hospital, San Francisco

NORMAN H. WILLIAMS, M. D., *Secretary*
409 North Camden Drive, Beverly Hills

First Meeting**Monday, May 5, 1:30 p. m.**

Joint Meeting with Section on Pathology and
Bacteriology

ROUND-TABLE DISCUSSION OF HORMONES PRODUCING
TUMORS OF THE OVARY

Roy E. Fallas, M. D., Los Angeles

Newton Evans, M. D., Los Angeles

VI

DERMATOLOGY AND SYPHILOLOGY
SECTION

HARRY J. TEMPLETON, M. D., *Chairman*
3115 Webster Street, Oakland

HARRY P. JACOBSON, M. D., *Vice-Chairman*
2007 Wilshire Boulevard, Los Angeles

FRANCES A. TORREY, M. D., *Secretary*
University of California Hospital
San Francisco

First Meeting
Monday, May 5, 1:30 p. m.

Paper No. 71:

Chairman's Address—H. J. Templeton, M. D., 3115 Webster Street, Oakland.

Paper No. 72:

Fungus Infections of the Hand—Ervin Epstein, M. D., 1624 Franklin Street, Oakland.

Paper No. 73:

"So-Called" Fungus Infections of the Hand—Samuel Ayers, Jr., M. D., and Nelson Paul Anderson, M. D., 2007 Wilshire Boulevard, Los Angeles.

Paper No. 74:

Impetigo Herpetiformis in the Male—Fletcher Hall, M. D., 710 Wilshire Boulevard, Santa Monica.

Paper No. 75:

Recurrent Lymphangitis, with Report of an Unusual Case—W. H. Goeckerman, M. D., 1680 North Vine Street, Los Angeles.

Paper No. 76:

Vitamin Therapy—F. G. Novy, Jr., M. D., 411 Thirtieth Street, Oakland.

Discussion by Merlin T.-R. Maynard, M. D., San Jose.

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Second Meeting
Tuesday, May 6, 1:30 p. m.

Paper No. 77:

Recent Public Health Aspects of the Control of Syphilis—Malcolm H. Merrill, M. D., Chief, Bureau of Venereal Diseases, California State Department of Health, San Francisco. (By invitation.)

Paper No. 78:

The Interpretation of Serological Tests for Syphilis—George V. Kulchar, M. D., 450 Sutter Street, San Francisco.

Business Recess

Business meeting and election of officers.

Paper No. 79:

Toxic Effects Following use of Mapharsen—Edward A. Levin, M. D., 450 Sutter Street, and Frances Keddie, M. D., University of California Hospital, San Francisco. (By invitation.)

Paper No. 80:

The Five-Day Treatment of Syphilis—Norman N. Epstein, M. D., 450 Sutter Street, San Francisco.

Paper No. 81:

Syphilitic Phlebitis of the Great Saphenous Veins—Two Cases—Walter F. Schwartz, M. D., 616 First Trust Building, Pasadena.

Paper No. 82:

Pemphigus of the Eye—Chris Halloran, M. D., 1652 West Sixth Street, Los Angeles.

Paper No. 83:

Report of a Case of Myxosarcoma of the Cheek—Merlin T.-R. Maynard, M. D., 241 East Santa Clara Street, San Jose.

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Third Meeting

Wednesday, May 7, 1:30 p. m.

SYMPOSIUM: HISTOPATHOLOGY OF THE MORE COMMON SKIN LESIONS

These will not be formal papers, but ten-minute discussions by each of the following men, accompanying the showing of the microphotographs. There will be no discussions.

Paper No. 84:

Inflammations: Eczema, Psoriasis, Pityriasis Rosea, Lichen Planus—Hiram E. Miller, M. D., 384 Post Street, San Francisco.

Paper No. 85:

Pemphigus, Sennar-Usher Pemphigus, Benign Familial Pemphigus, Dermatitis Herpetiformis, and Erythema Multiforme—Nelson Paul Anderson, M. D., 2007 Wilshire Boulevard, Los Angeles.

Paper No. 86:

Lupus Erythematosus, Discoid and Disseminated, and Related Atrophies—Maxwell J. Wolff, M. D., 2007 Wilshire Boulevard, Los Angeles.

Paper No. 87:

Scleroderma, Morphea, Lichen Sclerosus et Atrophicus and Related Atrophies—Ben A. Newman, M. D., 3875 Wilshire Boulevard, Los Angeles.

Paper No. 88:

Sarcoid, Leprosy and Allied Disorders—Walter F. Schwartz, M. D., 616 First Trust Building, Pasadena.

Paper No. 89:

Chancro, Gumma, Chancroid, Granuloma Inguinale, and Lymphogranuloma Inguinale—Julius R. Scholtz, M. D., 1930 Wilshire Boulevard, Los Angeles.

Paper No. 90:

Benign Tumors: Fibroma, Fibrosarcoma, Leiomyoma, Lipoma—Stuart C. Way, M. D., 490 Post Street, San Francisco.

Paper No. 91:

Dyskeratoses—Arne E. Ingels, M. D., 490 Post Street, San Francisco.

Paper No. 92:

Malignant Tumors—John M. Graves, M. D., 909 Hyde Street, San Francisco.

Paper No. 93:

Melanoma and Pigmented Nevi—Clement E. Counter, M. D., 117 East Eighth Street, Long Beach.

Paper No. 94:

Lymphoblastoma—Herman V. Allington, M. D., 3115 Webster Street, Oakland.

Business Recess*Business meeting and election of officers.***Paper No. 51:**

The Treatment of Fractures of the Facial Bones—Rulon S. Tillotson, Medico-Dental Building, Sacramento. Discussion by Rea E. Ashley, M. D., San Francisco, and Harry Blackfield, M. D., San Francisco. (By invitation.)

Paper No. 52:

Relation of Allergy to Nasal Disease—Rea E. Ashley, M. D., 384 Post Street, San Francisco. Discussion opened by Howard P. House, Los Angeles.

Paper No. 53:

Pathological Conditions Affecting the Salivary Glands—Samuel A. Morris, M. D., 725 Fourth Street, Marysville.

Discussion by Ben L. Bryant, M. D., Los Angeles, and Meade Mohun, M. D., San Mateo.

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Third Meeting**Wednesday, May 7, 1:30 p. m.****Paper No. 54:**

The Use of the Conjunctival Flap in Ophthalmology: Indications, Technique—William A. Boyce, M. D., 727 West Seventh Street, Los Angeles, and David A. McCoy, M. D., 510 South Spring Street, Los Angeles. (Illustrated by slides.)

Discussion by Joseph L. McCool, M. D., San Francisco, and Dennis V. Smith, Long Beach.

Paper No. 55:

Visual Disturbances Following Head Injury—William T. Grant, M. D., 1136 West Sixth Street, Los Angeles. (By invitation.)

Discussion by David O. Harrington, M. D., San Francisco, and Wilber F. Swett, M. D., San Francisco.

Paper No. 56:

A Nematode Eye Worm (Thelazia Californiensis) of Dog and Man: Report of a Case in Man—George N. Hosford, M. D., 450 Sutter Street, San Francisco, and Edward I. Sugarman, B. S., 450 Sutter Street, San Francisco.

Discussion by M. A. Stewart, Ph. D., Davis (by invitation), and George P. Landegger, M. D., Los Angeles.

Paper No. 57:

Congenital Glaucoma: A Challenge to Ophthalmology—Robert S. Irvine, 490 Post Street, San Francisco.

Discussion by Otto Barkan, M. D., San Francisco, and Carroll L. Weeks, M. D., Los Angeles.

Paper No. 58:

Treatment of Keratitis by Vascular Obliteration—William E. Borley, M. D., and Albert J. Brinckerhoff, M. D. (by invitation), Stanford Hospital, San Francisco.

Discussion by Robert N. Shaffer, M. D., San Francisco (by invitation), and Joseph W. Crawford, M. D., San Francisco.

Paper No. 59:

Report of the California Medical Association Committee on Problems of the Hard of Hearing—Ray M. Moose, M. D., Director, 575 Fifth Street, San Bernardino.

Paper No. 60:

Report of the Committee on Fee Schedules—Russell Fletcher, M. D., 490 Post Street, San Francisco.

V**ANESTHESIOLOGY SECTION**

CHARLES F. MCCUSKEY, M. D., *Chairman*
1561 Puebla Drive, Glendale

KAROLINA B. JUMP, M. D., *Secretary*
95 South El Camino Real, San Mateo

First Meeting**Monday, May 5, 1:30 p. m.****SYMPOSIUM ON ANOXIA****Paper No. 61:**

Certain Phases of Anesthetic Deaths—Jesse L. Carr, M. D., University of California Medical School, The Medical Center, San Francisco.

Paper No. 62:

Anoxia in the Newborn—George Bates, M. D., University of California Medical School, San Francisco.

Paper No. 63:

The Dangers and Complications of Obstetrical Anesthesia to the Patient from the Viewpoint of the Obstetrician—Woodburn K. Lamb, M. D., 2490 Channing Way, Berkeley.

Paper No. 64:

Anoxia from the Anesthetist's Viewpoint—Lorruli A. Rethwilm, M. D., 2217 Webster Street, San Francisco.

Paper No. 65:

*The Heart Under Cyclopropane**—Clinton H. Thienes, M. D., University of Southern California, and Paul O. Greeley, M. D., University of Southern California.

Business Meeting and Election of Officers**Monday, May 5, 7:30 p. m.**

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Second Meeting**Tuesday, May 6, 1:30 p. m.****Paper No. 66:**

Chairman's Address: Regional Anesthesia with Intracaine—Charles F. McCuskey, M. D., 1561 Puebla Drive, Glendale.

Paper No. 67:

The Present Status of Trichlorethanol—Evelyn H. Case, M. D., 434 Thirtieth Street, Oakland.

Paper No. 68:

The Use of Avertin Nitrous Oxide Anesthesia in Thoracic Surgery—John H. Hutton, M. D., University of Oregon Medical School, Portland, Oregon. (By invitation.)

Paper No. 69:

Nupercaine (Percaine) for Prolonged Spinal Anesthesia—Neil H. Lewis, M. D., 1680 North Vine Street, Los Angeles.

Paper No. 70:

"Continuous" Spinal Analgesia—Hubert H. Hathaway, M. D., Department of Surgery, Division of Anesthesia, University of California Medical School, San Francisco.

* Paper not included in symposium.

VII

INDUSTRIAL MEDICINE AND SURGERY
SECTION

JOHN S. STEPHENS, M. D., *Chairman*
1136 West Thirty-Sixth Street, Los Angeles

WILBUR J. COX, M. D., *Vice-Chairman*
450 Sutter Street, San Francisco

JOHN D. BALL, M. D., *Secretary*
414 Spurgeon Building, Santa Ana

First Meeting

Monday, May 5, 1:30 p. m.

Paper No. 95:

Chemical Poisonings in Industries—Paul A. Quaintance, M. D., 2007 Wilshire Boulevard, Los Angeles.

Paper No. 96:

Problem of Cardiovascular Disease as It Relates to Disability—Guy Van Scyoc, M. D., 510 West Sixth Street, Los Angeles.

Paper No. 97:

A Modified System for the Treatment of Acute Cranio-cerebral Injuries (Based on One Thousand Cases)—Mark Albert Glaser, M. D., 1118 Roosevelt Building, Los Angeles.

Paper No. 98:

Principles Which Govern Our Choice of Treatment in Burns—Don D. Weaver, M. D., 400 Twenty-ninth Street, Oakland.

Paper No. 99:

Advantages of the Padgett Dermatone for Grafting of Skin—George Warren Pierce, M. D., 490 Post Street, San Francisco.

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Second Meeting

Tuesday, May 6, 1:30 p. m.

Paper No. 100:

Seventeen Years of Experience in Treating Athletic Injuries at the University of California—James T. Harkness, Athletic Physician, University of California, Berkeley; William G. Donald, M. D., and Harold Hitchcock, M. D., The Ernest V. Crowell Memorial Hospital, Berkeley.

Paper No. 101:

The Treatment of Compound Fractures, with Special Reference to Injuries in Wartime—Leo Eloesser, M. D., 490 Post Street, San Francisco.

Business Recess

Business meeting and election of officers.

Paper No. 102:

The Advantages of a Modified Position in the Repair of Femoral Hernia—Clarence E. Rees, M. D., 2001 Fourth Avenue, San Diego.

Paper No. 103:

Fractures of the Ankle, with Special Reference to the Healing and Treatment of the Fracture of the Internal Malleolus of the Tibia—Harry H. Alexander, Jr., M. D., 423 Towne Avenue, Los Angeles.

Paper No. 104:

New Type of Plate for the Fixation of Fractures of the Long Bones—Charles W. Gilfillan, M. D., 1680 North Vine Street, Hollywood, and Kenneth Townsend, M. D., 700 North Fairfax Avenue, Los Angeles.

VIII

NEUROPSYCHIATRY SECTION

R. B. RANEY, M. D., *Chairman*
727 West Seventh Street, Los Angeles

JAMES A. CUTTING, M. D., *Secretary*
State Hospital, Agnew

At General Session*

Tuesday, May 6, 9:00 a. m.

For list of speakers and papers, see programs of General Sessions (page 165).

Paper No. 105:

Administrative Psychiatry—Aaron J. Rosanoff, M. D., Department of Institutions, Sacramento.

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First Meeting

Tuesday, May 6, 1:30 p. m.

Joint Meeting with the Section on General Medicine

Already Listed as Paper No. 6.

The Present Status of Shock Therapy in Neuropsychiatry, with Special Reference to Recent Advances in Preventing Complications—Byron Stewart, M. D., Compton Sanitarium, Compton.

Discussion by Eugene Ziskind, M. D., Los Angeles, and Norman Reider, M. D., Los Angeles.

Already Listed as Paper No. 7.

Functional Cardiac Disorders—Carol McKenney, M. D., San Francisco.

Discussion by Eugene Kilgore, M. D., San Francisco, and Mark Gerstle, M. D., Lieutenant-Commander, San Diego Naval Training Station.

Already Listed as Paper No. 8.

Management of Psychiatric Problems in Private Practice—H. Douglas Eaton, M. D., Los Angeles.

Discussion by Martin G. Carter, M. D., Los Angeles, and George S. Johnson, M. D., San Francisco.

Already Listed as Paper No. 9.

Emotional Syndromes and Disturbances of Personality Resulting from Brain Damage—Samuel D. Ingham, M. D., Los Angeles.

Discussion by Carl O. Von Hagen, M. D., Los Angeles, and Paul A. Glibe, M. D., San Francisco.

Already Listed as Paper No. 10.

Some of the Diagnostic Problems of Coma Encountered by the Neurosurgeon—David L. Reeves, M. D., Los Angeles.

Discussion by R. B. Raney, M. D., Los Angeles, and Howard A. Brown, M. D., San Francisco.

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Second Meeting

Wednesday, May 7, 1:30 p. m.

Paper No. 106:

Chairman's Address: The Consequent Sensory Changes to Spinal Root Lesions and Their Importance in Neurologic Diagnosis—R. B. Raney, M. D., 727 West Seventh Street, Los Angeles.

Paper No. 107:

A Comparison of the Findings Obtained by the Electro-encephalogram and Vestibular Studies in Cases of Epilepsy—H. Sjaardema, M. D., and Mark Albert Glaser, M. D., 1118 Roosevelt Building, Los Angeles.

* See program of Second General Session, Tuesday morning.

Business Recess*Business meeting and election of officers.*

Paper No. 108:

Rôle of a Neuropsychiatrist Attached to a Naval Training Station—Mark Gerstle, Jr., M. D., United States Naval Training Station, San Diego.

Paper No. 109:

Early Recognition and Treatment of Functional Complaints—John M. Nagle, M. D., 1195 Bush Street, San Francisco.

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IX**PATHOLOGY AND BACTERIOLOGY SECTION**JOHN W. BUDD, M. D., *Chairman*
1401 South Hope Street, Los AngelesROY W. HAMMACK, M. D., *Secretary*
657 South Westlake Avenue, Los AngelesJESSE L. CARR, M. D., *Assistant Secretary*
University of California Hospital
San Francisco**First Meeting****Monday, May 5, 1:30 p. m.***Joint Meeting with Section on Obstetrics and Gynecology***ROUND-TABLE DISCUSSION OF HORMONES PRODUCING TUMORS OF THE OVARY**

Roy E. Fallas, M. D., Los Angeles

Newton Evans, M. D., Los Angeles

Robert L. Blackman, M. D., Los Angeles

Margaret Schulze, M. D., San Francisco

Jesse L. Carr, M. D., San Francisco

Erle Henriksen, M. D., Los Angeles

Presentation of representative cases, including theca cell tumor, granulosa cell tumor, arrhenoblastoma and adrenal cell tumor. Discussion and correlation of clinical and pathological features.

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Second Meeting**Tuesday, May 6, 1:30 p. m.**

Paper No. 110:

Thrombosis of the Aorta and Vena Cava—Norman J. Sweet, M. D., University Hospital, Medical Center, San Francisco.

Paper No. 111:

The Stomach in Pernicious Anemia and Sprue—Alvin J. Cox, M. D., 2298 Sacramento Street, San Francisco.

Paper No. 112:

Chairman's Address—John W. Budd, M. D., 1401 South Hope Street, Los Angeles.**Business Recess***Business meeting and election of officers.*

Paper No. 113:

Hyperparathyroidism with Parathyroid Adenoma—Leonard Dobson, M. D., Stanford University Hospital, San Francisco.

Paper No. 114:

Nitrogen-Caloric Approach to the Study of Disturbed Metabolism—Franklin R. Nuzum, M. D., Cottage Hospital, Santa Barbara, and A. M. Moody, M. D., St. Mary's Hospital, San Francisco.**X****PEDIATRICS SECTION**WILLIAM W. BELFORD, M. D., *Chairman*
601 Medico-Dental Building, San DiegoJ. J. MILLER, JR., M. D., *Secretary*
2398 Sacramento Street, San FranciscoLOUIS M. EARLE, M. D., *Assistant Secretary*
6381 Hollywood Boulevard, Hollywood**First Meeting****Monday, May 5, 1:30 p. m.***Joint Meeting with Sections on Surgery and Radiology*

Already Listed as Paper No. 17.

Acute Osteomyelitis in Children—Paul E. McMaster, M. D., 1930 Wilshire Boulevard, Los Angeles, and Samuel S. Mathews, M. D., 1913 Wilshire Boulevard, Los Angeles.

Already Listed as Paper No. 18.

Congenital Dislocation of the Hip—The 1941 Responsibility of the Pediatrician, Roentgenologist, and Orthopedist—Joseph C. Risser, M. D., 1635 Chelsea Road, San Marino, and Morris B. Lerner, M. D., 116 North Madison Avenue, Pasadena.

Discussion by Carl H. Parker, M. D., Pasadena.

Already Listed as Paper No. 19.

The Physiological Pattern of Body Mechanics in Children During the First Ten Years of Life—Clifford Sweet, M. D., 2940 Summit Street, Oakland.

Discussion by Vernon P. Thompson, M. D., Los Angeles, and Frederic C. Bost, M. D., San Francisco.

Already Listed as Paper No. 20.

Congenital Intestinal Obstructions of the Newborn—J. Norton Nichols, M. D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by Joseph Brennemann, M. D., Los Angeles. (By invitation.)

Already Listed as Paper No. 21.

Bleeding from the Digestive Tract in Infants and Children—L. R. Chandler, M. D., Stanford University Hospital, San Francisco.

Discussion by Joseph Brennemann, M. D., Los Angeles (by invitation), and Edward Shaw, M. D., San Francisco.

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Second Meeting**Tuesday, May 6, 1:30 p. m.**

Paper No. 115:

Orthodontia: A Medical Problem—Francis M. Pottenger, Jr., M. D., Monrovia.

Discussion by W. E. Wilson, D. D. S., Pasadena. (By invitation.)

Paper No. 116:

Medical Aspects of Orthodontic Failures—Henry E. Stafford, M. D., 2940 Summit Street, Oakland.

Discussion opened by Ernest Setzer, D. D. S., Oakland (by invitation), and Albert Rowe, M. D., Oakland.

Paper No. 117:

The Use of Estrogens in Pediatrics—William A. Reilly, M. D., 384 Post Street, San Francisco.

Discussion by Sheldon Payne, M. D., Los Angeles, and Frederick Fluhmann, M. D., San Francisco.

Paper No. 118:

Chemotherapy of Meningitis—Randolph G. Flood, M. D., 490 Post Street, San Francisco.

Discussion opened by Edward B. Shaw, M. D., San Francisco.

Business Recess

Business meeting and election of officers.

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Third Meeting

Wednesday, May 7, 1:30 p. m.

Paper No. 119:

Buccal Spots: A New Physical Sign in Upper Respiratory Infections of Children—Ernst Wolff, M. D., 490 Post Street, San Francisco, and Oscar Herz, M. D., 2000 Van Ness Avenue, San Francisco.

Discussion opened by Oscar Reiss, M. D., Los Angeles.

Paper No. 120:

Tubercose Sclerosis—Lloyd B. Dickey, M. D., Stanford School of Medicine, San Francisco.

Discussion opened by Arne Ingels, M. D., San Francisco.

Paper No. 121:

Poisoning in Childhood—R. F. Chittenden, M. D., 4222 Lankershim Boulevard, North Hollywood, and Russell Mapes, M. D., 9615 Brighton Way, Beverly Hills.

Discussion opened by Paul J. Hanzlik, M. D., San Francisco.

Paper No. 122:

Erythroblastosis Fetalis—Richard D. Cutter, M. D., 261 Hamilton Avenue, Palo Alto, and Burt L. Davis, M. D., 261 Hamilton Avenue, Palo Alto.

Discussion opened by Alonzo Cass, M. D., Los Angeles.

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XI

RADIOLOGY SECTION

CARL H. PARKER, M. D., Chairman
65 North Madison Avenue, Pasadena

WILBUR BAILEY, M. D., Secretary
2009 Wilshire Boulevard, Los Angeles

J. M. Robinson, M. D., Assistant Secretary
372 Funston Avenue, San Francisco

First Meeting

Monday, May 5, 1:30 p. m.

Joint Meeting with Sections on Surgery and Pediatrics

Already Listed as Paper No. 17.

Acute Osteomyelitis in Children—Paul E. McMaster, M. D., 1930 Wilshire Boulevard, Los Angeles, and Samuel S. Mathews, M. D., 1913 Wilshire Boulevard, Los Angeles.

Already Listed as Paper No. 18.

Congenital Dislocation of the Hip—The 1941 Responsibility of the Pediatrician, Roentgenologist, and Orthopedist—Joseph C. Risser, M. D., 1635 Chelsea Road, San Marino, and Morris B. Lerner, M. D., 116 North Madison Avenue, Pasadena.

Discussion by Carl H. Parker, M. D., Pasadena.

Already Listed as Paper No. 19.

The Physiological Pattern of Body Mechanics in Children During the First Ten Years of Life—Clifford Sweet, M. D., 2940 Summit Street, Oakland.

Discussion by Vernon P. Thompson, M. D., Los Angeles, and Frederic C. Bost, M. D., San Francisco.

Already Listed as Paper No. 20.

Congenital Intestinal Obstructions of the Newborn—J. Norton Nichols, M. D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by Joseph Brennemann, M. D., Los Angeles. (By invitation.)

Already Listed as Paper No. 21.

Bleeding from the Digestive Tract in Infants and Children—L. R. Chandler, M. D., Stanford University Hospital, San Francisco.

Discussion by Joseph Brennemann, M. D., Los Angeles (by invitation), and Edward Shaw, M. D., San Francisco.

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General Session Meeting

Tuesday, May 6, 9:00 a. m.

For list of speakers and papers, see programs of General Sessions (page 165).

Motion Pictures—Copper Cup Room.

1. Exploring with X-Rays.

2. Moving X-Rays—Ufa Film.

For time of display in Copper Cup Room, see film program and bulletin boards.

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Tuesday, May 6, 1:30 p. m.

Pacific Roentgen Club Meeting

Paper No. 123:

Radiation Therapy of Extensive Bladder Cancer—W. E. Costolow, M. D., 1407 South Hope Street, Los Angeles.

Discussion by Lowell S. Goin, M. D., 1930 Wilshire Boulevard, Los Angeles, and B. H. Hager, M. D., 1136 West Sixth Street, Los Angeles.

Paper No. 124:

The Bicipital Groove and the Grooved Defect of the Humeral Head—Harold A. Hill, M. D., 450 Sutter Street, San Francisco, and Maurice D. Sachs, M. D. (By invitation.)

Paper No. 125:

Roentgen Treatment of Subacromial Bursitis and Supraspinatus Tendonitis—John F. Chapman, M. D., 749 Fairmont Avenue, Pasadena.

Discussion by Robert K. Gustafson, M. D., 90 North Madison Avenue, Pasadena.

Business Recess

Business meeting and election of officers.

XII

UROLOGY SECTION

LYLE G. CRAIG, M. D., *Chairman*
65 North Madison Avenue, Pasadena
EDWARD W. BEACH, M. D., *Secretary*
1127 Eleventh Street, Sacramento

First Meeting
Monday, May 5, 1:30 p. m.

Paper No. 126:

Primary Lymphosarcoma of the Bladder: Report of a Case and Review of the Literature—Henry A. R. Kreutzmann, M. D., 2000 Van Ness Avenue, San Francisco.

Discussion opened by Irving Wills, M. D., Santa Barbara, and Gerson Biskind, M. D., San Francisco.

Paper No. 127:

Intestinal-Vesical Fistula—Roger W. Barnes, M. D., 947 West Eighth Street, and Malcolm R. Hill, M. D., 727 West Seventh Street, Los Angeles.

Discussion opened by Montague Woolf, M. D., San Francisco, and Edward Pallette, Jr., M. D., Los Angeles.

Paper No. 128:

Nonspecific Infections of the Urinary Tract—Curtis H. McDonnell, M. D., California State Life Building, Sacramento.

Discussion opened by Joseph S. Rubin, M. D., Los Angeles, and Thomas I. Buckley, M. D., Oakland.

Paper No. 129:

Recent Advances in Urology—Angus A. McKinnon, M. D., 311 Main Street, Placerville.

Discussion opened by Wilson Stegeman, M. D., Santa Rosa, and Dudley Saeltzer, M. D., Sacramento.

Paper No. 130:

The Postpartum Bladder—Frederick A. Bennetts, M. D., 1921 Wilshire Boulevard, Los Angeles, and George E. Judd, M. D., 2200 West Third Street, Los Angeles.

Discussion opened by William E. Stevens, M. D., San Francisco, and Jay Crane, M. D., Los Angeles.

Paper No. 131:

Torsion of the Testicle—James Ownby, M. D., and Ray C. Atkinson, M. D., Division of Urology, Stanford University Medical School, San Francisco.

Discussion opened by James L. Bray, M. D., Los Angeles, and James R. Dillon, M. D., San Francisco.

Paper No. 132:

Chairman's Address: Priapism from Hypernephroma Metastases in the Cavernous Bodies—Lyle G. Craig, M. D., 65 North Madison Avenue, Pasadena.

* *

Second Meeting
Tuesday, May 6, 1:30 p. m.

Paper No. 133:

Conservative Renal Surgery—George F. Schenck, M. D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by James B. Herring, M. D., San Francisco, and E. F. Chamberlain, M. D., San Diego.

Paper No. 134:

The Ureteral Splint in Renal Surgery—Lloyd Kindall, M. D., 400 Twenty-ninth Street, Oakland.

Discussion opened by A. J. Scholl, M. D., Los Angeles, and George Reimle, M. D., Oakland.

Paper No. 135:

Hypertension Relieved by Nephrectomy—Thomas E. Gibson, M. D., 450 Sutter Street, San Francisco.

Discussion opened by J. C. Negley, M. D., Glendale, and Dudley P. Fagerstrom, M. D., San Jose.

Paper No. 136:

"Believe It or Not" in Urology—Wirt B. Dakin, M. D., 802 Pacific Mutual Building, Los Angeles.

Business Recess

Business meeting and election of officers.

Paper No. 137:

What Can Be Expected from Resection in Cancer of the Prostate?—H. C. Bumpus, Jr., M. D., 112 North Madison Avenue, Pasadena.

Discussion opened by Frank Hinman, M. D., San Francisco, and Elmer Belt, M. D., Los Angeles.

Paper No. 138:

Transurethral Resection Versus Suprapubic Prostatectomy—Hans Hartman, M. D., 920 Fifteenth Street, Modesto.

Discussion opened by G. Franklin Farman, M. D., Los Angeles, and Robert L. Hamilton, M. D., Marysville.

Paper No. 139:

Surgical Accidents to the Pelvic Ureter—K. D. Luechauer, M. D., 1759 Fulton Street, Fresno.

Discussion opened by Walter F. Pritchard, M. D., San Bernardino, and Axel E. Anderson, M. D., Fresno.



HOTEL DEL MONTE: MAIN ENTRANCE

V

SCIENTIFIC EXHIBITS

Mezzanine Floor, Sun Room and East Terrace Tent

As in previous years, scientific exhibits will be shown by members of the Association and by affiliated organizations. Detailed information concerning such exhibits will be given in the annual session programs.

Every member of the Association who is in position to present a scientific exhibit is requested to communicate with the Association Secretary, 450 Sutter Street, San Francisco. Additional information will be forwarded concerning the scientific exhibit division.



VI

FILMS: MEDICAL, SURGICAL AND PUBLIC HEALTH

Copper Cup Room, Ground Floor (Adjacent to Bali Room)

Films will be presented in the Copper Cup Room on the ground floor, at the end of the long corridor, and to the left.

A cordial invitation is extended to members who have produced medical films to write to the Association Secretary, 450 Sutter, San Francisco, for information concerning the arrangements.

Films will be shown during the morning hours and, unless otherwise announced, a different film will start on each half-hour, commencing at 9 o'clock and continuing up to the noon hour. The bulletin board outside the Copper Cup Room will indicate any changes in schedules.



VII

OTHER MEETINGS[†]

Complete programs of the various societies and affiliated organizations will be given in the annual session program, a copy of which will be sent to every member of the California Medical Association.

Lack of space and printing complications necessitated the deletion of the informative text intended for appearance in CALIFORNIA AND WESTERN MEDICINE.

CANCER COMMISSION MEETINGS

I

CLINICAL SESSION ON CANCER

Sunday, May 4, 1 p. m.

The annual clinical session on cancer will take place on Sunday, May 4, at 1:00 p. m. at Hotel Del Monte. The subject of this meeting will be "Cancer of the Lung." The Committee, under the chairmanship of Dr. Harold Brunn, has arranged an excellent program.

II

CONFERENCE IN MICROSCOPIC PATHOLOGY

The usual semi-annual Conference in Microscopic Pathology will be held on Sunday, May 4, at Del Monte, at 9:30 a. m. The meeting will be conducted, as in the past, with case reports and individual examination of slides.

Reservations for this meeting should be sent to Dr. Otto H. Pfleuger, 384 Post Street, San Francisco, Secretary of the Cancer Commission. It is necessary that each attendant bring his own microscope. Because of limited accommodations, prompt correspondence is desired.

[†] For meeting rooms, see bulletin boards. Lack of space made necessary the deletion of informative text and programs concerning these meetings.

III
RADIOLOGICAL MEETING

The annual radiological meeting, under the auspices of the California Cancer Commission, will be held on Sunday, May 4, at Hotel Del Monte.

Morning Session.—The morning session, from 9:30 to 11:30, will be devoted to differential roentgenologic diagnosis. Those who wish to present an interesting proved diagnostic case, or cases, illustrating some phase of differential diagnosis of tumor, will please communicate with Dr. J. M. Robinson, chairman of committee arranging the meeting, University of California Hospital, Parnassus Avenue, San Francisco. Films of cases, accompanied by pathologic specimens, are especially desired.

Afternoon Session.—The afternoon program has been combined with the clinical meeting on cancer, being a symposium on carcinoma of the lung. This will be held from one to five o'clock.

If you plan to attend, will you please make reservations with Dr. J. M. Robinson at your earliest convenience and advise him of any material that you would like to present at either the morning or afternoon session.

IV
CONFERENCE OF SECRETARIES OF COMPONENT COUNTY MEDICAL SOCIETIES

Sunday, May 4, 3 p. m.

The annual pre-convention meeting of secretaries of the component county medical societies in California will convene at 3 p. m., Dr. Robert A. Peers, Colfax, presiding. In due course, other information will be sent to the county society secretaries.

V

CALIFORNIA HEART ASSOCIATION
ANNUAL MEETING

Sunday, May 4, 9:30 a. m.

Afternoon Session, 1:30 p. m.

For information, address:

HOWARD F. WEST, President.

1930 Wilshire Boulevard, Los Angeles.

LOUIS E. MARTIN, Secretary-Treasurer.

1136 West Sixth Street, Los Angeles.

VI

WESTERN ASSOCIATION OF INDUSTRIAL
PHYSICIANS AND SURGEONS*

Sunday, May 4, 9 a. m.

Information may be secured by writing to the secretary, Christopher Leggo, M. D., California Sugar Corporation, Crockett.

Morning Session

Afternoon Session, 2 p. m.

* For explanatory letter, see page 249.

VII

CALIFORNIA PHYSICIANS' ART ASSOCIATION
ART EXHIBITION

California Physicians' Art Association will conduct its second annual Art Exhibition in the spacious new Lounge Room on the ground floor of Hotel Del Monte on May 5 to 8.

Physicians who wish to participate in this Del Monte Art Exhibition can receive instructions and application blanks by corresponding with either of the undersigned.

The California Physicians' Art Association appreciates greatly the generosity of the California Medical Association in making available the beautiful new Lounge Room, in which the art members will conduct their art show.

HAROLD LINCOLN THOMPSON, M. D., President,
1930 Wilshire Boulevard, Los Angeles.

F. H. REDEWILL, Secretary,
521-536 Flood Building, San Francisco.

VIII
INDEX TO SPEAKERS
Del Monte, May 5, 6, 7, 8, 1941

Name and City	Paper No.	Name and City	Paper No.	Name and City	Paper No.		
A							
Aldrich, M., San Diego	36	Gerslter, Jr., M., San Diego	108	Loeb, R. F., New York City	.....	
Alexander, Jr., H. H., Los Angeles	103	Gibson, T. E., San Francisco	135	..... Third General Session	.....	
Allington, H. V., Oakland	94	Gillilan, C. W., Hollywood	104	Loeb, R. F., New York City	13		
Anderson, E., San Francisco	16	Gilman, P. K., San Francisco	.....	Lucia, S. F., San Francisco	1	
Anderson, N. P., Los Angeles	85	..... Fourth General Session	.....	Luechauer, K. D., Fresno	139
Anderson, N. P., Los Angeles	73	Glaser, M. A., Los Angeles	97	Lyon, R. A., San Francisco	37		
Ashley, R. E., San Francisco	52	Glaser, M. A., Los Angeles	107	Me			
Askey, J. M., Los Angeles	3	Goekerman, W. H., Los Angeles	75	McCoy, D. A., Los Angeles	54		
Atkinson, R. C., San Francisco	131	Grant, W. T., Los Angeles	55	McCuskey, C. F., Glendale	66		
Ayres, Jr., S., Los Angeles	73	Graves, John M., San Francisco	92	McDonnell, C. H., Sacramento	128		
B							
Barnes, R. W., Los Angeles	127	Greeley, P. O., Los Angeles	63	McKenney, C., San Francisco	7		
Bates, G., San Francisco	62	Haim, A., San Francisco	43	McKinnon, A. A., Placerville	129		
Beery, H. R., San Francisco	.....	Hall, F., Santa Monica	74	McMaster, P. E., Los Angeles	17	
Belt, E. A., Los Angeles	.....	Halloran, C., Los Angeles	82	M		
..... Fourth General Session	.....	Harkness, J. T., Berkeley	100	Mapes, R., Beverly Hills	121	
Bennetts, F. A., Los Angeles	130	Harris, G. S., Beverly Hills	33	Marshall, H. K., Glendale	34		
Borley, W. E., San Francisco	58	Hartman, H., Modesto	138	Mathews, S. S., Los Angeles	17		
Boyce, W. A., Los Angeles	54	Hathaway, H. H., San Francisco	70	Mathewson, C., San Francisco	29		
Brinckerhoff, A. J., San Francisco	58	Haymaker, W., San Francisco	16	Merrill, M. H., San Francisco	77		
Brown, B. P., San Francisco	.....	Hendricks, C. B., Los Angeles	5	Mettier, S. R., San Francisco	2	
..... First General Session	.....	Herz, O., San Francisco	32	Miller, H. E., San Francisco	84	
Budd, J. W., Los Angeles	112	Hill, H. A., San Francisco	124	Maynard, M. T.-R., San Jose	83		
Bumpus, H. C., Pasadena	137	Hill, M. R., Los Angeles	127	Moody, A. M., San Francisco	114		
C		Hirschfeld, M. H., San Francisco	47	Morris, S. A., Marysville	53		
Canelo, C. K., San Jose	15	Hitchcock, H., Berkeley	100	Morrison, L. F., San Francisco	45		
Carl, J. L., San Francisco	61	Holman, E., San Francisco	31	Morrison, W. A., Los Angeles	27		
Case, E. H., Oakland	67	Hopper, J., San Francisco	16	Moose, R. M., San Bernardino	59		
Castlen, C. R., Glendale	36	Hosford, G. N., San Francisco	56	Murray, D. H., Napa	.....	
Chandler, L. R., San Francisco	21	Hunicutt, L. G., Pasadena	49	..... First General Session	.....	
Chapman, J. F., Pasadena	125	Hunt, V. C., Los Angeles	26	Musser, J. H., New Orleans	.....	
Chittenden, R. F., North Hollywood	121	Hutton, J. H., Portland, Ore.	68	..... First and Second General Sessions	.....	
Costolow, W. E., Los Angeles	123	N					
Counter, C. E., Long Beach	93	Ingels, A. E., San Francisco	91	Nagle, J. M., San Francisco	109		
Cox, A., San Francisco	.....	Ingham, S. D., Los Angeles	9	Nathanson, M. H., Los Angeles	12	
..... Second General Session	.....	Irvine, R. S., San Francisco	57	Neugarten, K., San Francisco	41	
Cox, A. J., San Francisco	111	Johnston, W. H., Santa Barbara	50	Newman, B. A., Los Angeles	87		
Craig, L. G., Pasadena	132	Judd, G. E., Los Angeles	130	Nichols, J. N., Los Angeles	20		
Crane, W., Oakland	23	Q					
Cutter, R. D., Palo Alto	122	Keddie, F., San Francisco	79	Raney, R. B., Los Angeles	106		
D		Kellogg, F., Long Beach	2	Rantz, L. A., San Francisco	.....	
Dakin, W. B., Los Angeles	136	Kelly, H. M., Riverside	42	..... Second General Session	.....	
Dallas, D. A., San Francisco	33	Kilfoy, E. J., Los Angeles	.....	Reed, Edward U., San Francisco	.....	
Davis, B. L., Palo Alto	122	..... Third General Session	.....	..... Fourth General Session	.....	
Davis, R. G., Vallejo	.....	Kindall, L., Oakland	131	Rees, C. E., San Diego	102	
..... Fourth General Session	.....	Kreutmann, H. A. R., San Francisco	126	Reeves, D. L., Los Angeles	10	
Delprat, G. D., San Francisco	24	Kroger, W. P., Los Angeles	30	Reilly, W. A., San Francisco	117		
Dickey, L. B., San Francisco	120	Kulchar, G. V., San Francisco	78	Rethwilm, L. A., San Francisco	64		
Dobson, L., San Francisco	113	R					
Donald, W. G., Berkeley	100	Lamb, W. K., Berkeley	63	Rosenoff, A. J., Sacramento	.....	
Donald, D., Los Angeles	27	Landegger, G. P., Los Angeles	44	..... Second General Session	.....	
Doyle, J. C., Beverly Hills	35	Larsen, A. E., San Francisco	.....	Reed, Edward U., San Francisco	.....	
Dukes, C. A., Oakland	.....	..... First General Session	.....	..... Fourth General Session	.....	
..... Fourth General Session	.....	Larson, E. E., Los Angeles	22	Rosenoff, A. J., Sacramento	.....	
E		Lee, R. V., Palo Alto	11	..... Second General Session	.....	
Eaton, H. D., Los Angeles	8	Lerner, M. B., Pasadena	18	Rosanoff, A. J., Sacramento	.....	
Eloesser, L., San Francisco	101	Levin, E. A., San Francisco	79	..... Second General Session	.....	
Epstein, E., Oakland	72	Lewis, N. H., Los Angeles	49	Rosanoff, A. J., Sacramento	105		
Epstein, N. N., San Francisco	80	Lissner, H., San Francisco	15	..... Second General Session	.....	
F		Loeb, R. F., New York City	.....	..... Second General Session	.....	
Fletcher, R., San Francisco	60	..... Second General Session	.....	..... Second General Session	.....	
Flood, R. G., San Francisco	118	.....	.....	.....	.....

Name and City	Paper No.	Name and City	Paper No.	Name and City	Paper No.
S		T		W	
Sachs, M. D., San Francisco	124	Sweet, C., Oakland	19	Watkins, W. W., Phoenix, Ariz.	.....
Schenck, G. F., Los Angeles	133	Sweet, N. J., San Francisco	110	Watkins, W. W., Second General Session	.....
Scholtz, J. R., Los Angeles	89	Templeton, H. J., Oakland	71	Way, S. C., San Francisco	90
Schulze, M., San Francisco	38	Thienes, C. H., Los Angeles	65	Wayburn, E., San Francisco	4
Schwartz, W. F., Pasadena	81	Thomas, B. S., Sacramento	65	Weaver, D. D., Oakland	98
Schwartz, W. F., Pasadena	88	.....	.....	Weeks, A., San Francisco	24
Scoyoc, G. V., Los Angeles	96	Fourth General Session	.....	Whalman, H. F., Los Angeles	46
Searls, H. H., San Francisco	.....	Thompson, W. B., Hollywood	40	Wilbur, R. L., Palo Alto	.....
.....	.....	Tillotson, R. S., Sacramento	51	.....	First General Session
Shepherd, C. E., San Francisco	14	Townsend, K., Los Angeles	104	Wilson, H. H., Los Angeles	.....
Sjaarda, H., Los Angeles	107	.....	.....	.....	First General Session
Smiley, K. E., Los Angeles	28	Viole, P., Los Angeles	48	Wolff, E., San Francisco	119
Stafford, H. E., Oakland	116	.....	.....	Wolff, M. J., Los Angeles	86
Stewart, B., Compton	6	Walters, W., Rochester, Minn.	25	.....	.....
Sugarmen, E. I., San Francisco	56	.....	.....	Zeff, M., San Francisco	.....
.....	.....	.....	.....	.....	Third General Session



IX ENTERTAINMENT

Consult bulletin boards in main lobby of Hotel Del Monte for information on places and hours of entertainment features. Full details will also be shown in your annual session program, which will be mailed to all members in advance of the convention.*

Principal events scheduled for the meeting will be the annual President's dinner and the annual Golf Tournament:

President's Dinner—Hotel Del Monte, Tuesday, May 6, at 7:30 p. m. Reservations must be made in advance; captain of dining room will handle single-ticket reservations, as well as table reservations for parties of eight or more

* For other information, see also the Report of the Local Committee on Arrangements, Mast Wolfson, chairman, on page 202.

persons. No charge for tickets for guests of Hotel Del Monte or Del Monte Lodge; charge for others, \$2.50 a plate.

Golf Tournament—To be played on Del Monte Golf Club course, morning and afternoon of Tuesday, May 6. Peter Hay at the Club will set your handicap; bring earlier season score cards if you have not played in this tournament before. Beautiful prizes for winners. See A. G. Spalding's shop window on Hotel sun parlor for display of prizes.

Dancing—When the House of Delegates is in session, temporary dancing facilities will be available in the Copper Cup Room, adjacent to the Bali Room.



X

TRANSPORTATION INFORMATION

The ticket agents of principal rail lines in California, on presentation and surrender of identification certificates will sell reduced rate round-trip tickets to Del Monte, California. The certificates entitling you to reduced fares show on the reverse side the convention fares that will apply to Del Monte from principal rail points in California. Identification certificates may be obtained from your county society secretary or from the office of the California Medical Association.

Tickets at these convention fares are of three classes, as follows:

First Class: Tickets at first-class fares will be on basis of first-class one-way adult fare for the round trip, and will be honored in coaches and chair cars, also in sleeping and parlor cars on payment of charge for space occupied.

Intermediate Class: Tickets at intermediate (tourist)

class fares will be on the basis of 85 per cent of the first-class one-way adult fare for the round trip and will be honored in coaches and chair cars, also in tourist sleeping cars, where operated, on payment of charge for space occupied.

Coach Class: Tickets at coach-class fares will be on basis of 75 per cent of the first-class one-way adult fare for the round trip and will be honored only in coaches and chair cars.

Tickets will be on sale from April 27 to May 8, inclusive, and return limit will be May 18, 1941. Stopovers are allowed. If longer return limit is desired, consult railroad ticket agent. Schedules of train, bus and air services will be given in the programs that will be mailed to all members of the California Medical Association in advance of the annual session.



XI

ROSTER OF TECHNICAL EXHIBITORS

California Medical Association, Hotel Del Monte, May 5-8, 1941

For list of exhibitors and description of their displays, consult the Convention program.

Members of the Association are requested to visit the exhibits.



XII

HOTELS: DEL MONTE AND VICINITY

The official headquarters of the next annual session will be the Hotel Del Monte. Because of the prospective attendance, the facilities of other hotels must also be used.

All requests for reservations must be sent to the hotels direct. In writing, it is well to state the number in the party, date of arrival, date of departure, nature of accommodations desired (single room, double room, double bed,

twin beds, bath).

A partial list of hotels on the Monterey peninsula (with rates) was given in CALIFORNIA AND WESTERN MEDICINE, issue of January, 1941, on page 30. The hotel information will also appear in the official programs, a copy of which will be sent by mail to every member of the California Medical Association.



XIII

DEL MONTE AND THE MONTEREY PENINSULA

Informative literature concerning historical background and other features of Monterey and vicinity may be ob-

tained by writing to Hotel Del Monte, Del Monte, or Monterey Chamber of Commerce, Monterey.



MRS. A. E. ANDERSON
President, Woman's Auxiliary to the
California Medical Association
1941



MRS. R. K. CUTTER
Recording Secretary, Woman's Auxiliary
to the California Medical Association
1941

XIV

WOMAN'S AUXILIARY

Twelfth Annual Session

WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION Headquarters at Hotel Del Monte, Del Monte

Mrs. A. E. Anderson, President

Mrs. John C. Sharp, Convention Chairman

Sunday, May 4

Arrival of delegates, members and guests, greeted by Convention Hostesses.
3:00-7:00 p. m.—Registration, Main Lobby. (Registration and information desk for members of Woman's Auxiliary is located opposite the hotel registration desk.)

Monday, May 5

8:00 a. m.—Pre-Convention Board meeting in Tower Room.
9:00 a. m.-12:00 noon } Registration.
2:00 p. m.- 6:00 p. m. } Registration.
10:00 a. m.—Golf tournament. Starting times available throughout the day.
8:30 p. m.—Vaudeville and "Olio" in honor of Mrs. Harry Wilson, wife of the President of the California Medical Association.

Tuesday, May 6

9:00 a. m.-12:00 noon } Registration.
2:00 p. m.- 6:00 p. m. } Registration.
9:30 a. m.—First general session of the twelfth annual convention at the Peninsula Country Club, Mrs. A. E. Anderson presiding.
1:00 p. m.—Luncheon in honor of Mrs. A. E. Anderson at Pebble Beach Lodge, with Mrs. Frederick N. Scatena presiding. Speaker, Dr. Philip Gilman. Members of the State Advisory Board will be guests of honor.
3:00 p. m.—Tour of Fort Ord for those wishing to take their own cars.

For other information concerning Woman's Auxiliary, see page 237.

Wednesday, May 7

9:00-11:00 a. m.—Registration.
9:30 a. m.—Second general session of the twelfth annual convention at the Peninsula Country Club, Mrs. A. E. Anderson presiding.
1:00 p. m.—Luncheon in honor of Mrs. Harry O. Hund at Peninsula Country Club, with Mrs. Clifford Wright presiding. Speaker, Dr. Chauncey Leake.
3:00 p. m.—Post-Convention Board meeting.

President's Report

To the Members of the Woman's Auxiliary:

Attendance at the National Convention of the Woman's Auxiliary to the American Medical Association was a privilege and a great help in preparing for the year's work in the State Auxiliary.

With the thoughts of doctors turning to the need for medical preparedness, stressing of the same by the illustrious speakers at the Auxiliary luncheons, it seemed appropriate to take "Preparedness" as the theme for the Auxiliary year in California, emphasizing the education of our members before they attempt to inform others.

There are forty county medical societies in the state, twenty-nine of which have auxiliaries. Although the California Medical Association, in 1937, voted to have an Auxiliary to every county medical society, there are still eleven counties which have no Auxiliary. This is due, in some instances, to the opposition of the doctors themselves, in other instances to indifference of the doctors' wives.

While the untiring efforts of the Organization Chairman, Mrs. Lindemulder, have as yet borne no fruits, there is

still time before the Convention for the several expected counties to join our Auxiliary. As one attains all but the last few outposts, it is necessary to put forth long-continued effort to break down the inertia and indifference. Such efforts this year may not show results until another year, but we do know that the many letters written and contacts made will bear fruit in time.

Through the Program and Health Education Chairman, Mrs. Huffman, and the Public Relations Chairman, Mrs. Alexander, excellent outlines for study have been prepared for the counties. Much interest has been shown in these programs, which point the way to increased service possibilities. There has been active participation in programs of groups interested in health projects, child welfare and training, and community service.

The Hygeia Chairman, Mrs. Packard, has increased the subscriptions to *Hygeia* beyond the high mark of last year. Kern County received a cash prize and Riverside County honorable mention in the national *Hygeia* contest.

The *Courier*, the Auxiliary's magazine, comes out twice a year, under the able direction of Mrs. Boeck and her committee. It is of great interest not only to our own members, but has received much attention throughout the United States. Copies displayed at the National Convention were in great demand, and during the year requests for copies have been received from many states.

Mrs. Newcomb, historian for the past two years, is completing a revised history of our organization. Much thought and effort have gone into this work. California was complimented at the National Convention for having the most outstanding history presented.

An outline of the President's plans for the year was mailed to every officer and all county presidents early in September. In addition to stressing the need for self-education, there has been an earnest endeavor to increase our usefulness by promoting greater friendliness among the members in each county and district. An endeavor has been made to have each feel it is her Auxiliary and her responsibility for the Auxiliary's success and advancement.

The annual physical examination of all Auxiliary members has been advocated as an example to the laity.

The counties have coöperated to the fullest extent in the new plans outlined for this year. For the first time in this State, the Auxiliary is attempting to hold district meetings. One was held at Tahoe in August, and there are to be three more before Convention time. Since many women are unable to attend the Convention, these district meetings will give them an opportunity to discuss with members and officers of other counties problems common to all.

The Auxiliary is participating in the work of the Medical Benevolence Committee, as requested in the resolution (No. 33) passed at Coronado last May. Four counties have already contributed generously. Fresno County Auxiliary is to have an old-fashioned box supper in May, and the proceeds from the supper sales will be Fresno's contribution for this year. Through other plans being formulated, we hope to have a continuous fund of money for this worthy cause. We expect before long to equal and surpass the record of the Pennsylvania Woman's Auxiliary, which in the past eleven years has contributed more than \$40,000 to the Pennsylvania Medical Benevolence Fund.

Our members are rendering outstanding services in accordance with the needs of their respective communities.

Worthy medical students receive scholarships in several counties.

Assistance has been given to Dr. Philip Gilman, Chairman of Medical Preparedness.

Medical instruments and equipment have been collected and sent to China and England.

Assistance has been given at blood plasma centers.

Girls have been adequately chaperoned at dances at Army and Air bases.

Sponsorship of public-speaking contests in junior high schools, high schools, and junior colleges is helping to make youth health-conscious.

Purchase of a mimeograph machine has lessened office expense and increased possibilities for contacts with the county auxiliaries. We are mimeographing the several clever plays written by Mrs. Willard Newman of San Diego for doctors' wives, and enjoyed at past conventions. There is to be a small charge for copies of these plays, the proceeds being donated by Mrs. Newman to the Medical Benevolence Fund.

As Convention time draws near, Mrs. Sharp and her able assistants are working hard to make our sojourn at Del Monte a memorable and outstanding occasion. Let us coöperate by urging our friends and fellow members to attend, and so to gain help and inspiration from the reports and contacts.

Between September and February, all twenty-eight counties were visited. There was a most helpful conference with the national president-elect, Mrs. R. E. Mosiman, and a trip with Mrs. Lindemulder for organization purposes was made, for which a total mileage of 11,349 miles was covered.

At this time I wish to voice my gratitude to the National President and to the members of her board for their help and encouragement at all times. I wish, also, to thank the members of the Advisory Council for their valuable assistance during the year, and again Doctor Kress for his untiring attention to our many problems. To the members of the State Board of the Auxiliary my deepest gratitude and sincere thanks are extended for their willing service. To my most competent and very dependable corresponding secretary, Mrs. Scarboro, I desire to express my deepest appreciation for her whole-hearted coöperation and prompt compliance with the many necessary demands upon her time and strength.

Respectfully submitted,

Mrs. A. E. Anderson, *President*.



Monterey Golf Course

Part II

PRE-CONVENTION BULLETIN*

FOREWORD.—The official reports which follow will be presented at the coming session of the House of Delegates. *Delegates*, therefore, are urged to familiarize themselves with their contents.

Members, likewise, are requested to become familiar with the recommendations in these reports, and to discuss them with other members and delegates.

* * *

I

REPORTS OF GENERAL OFFICERS

Report of the President

To the House of Delegates:

The past year might very properly be described as one of financial retrenchment. From year to year, committees of both the House of Delegates and the Council have been appointed for the purpose of making a survey of the California Medical Association office arrangements in order that recommendations be made to improve the effectiveness of the organization or to bring about more economical management.

Sometimes the *status quo* was recommended to be continued; at other times suggestions for decrease in salaries or changes in personnel have been recommended, but on the whole very little has been done to decrease the ever-mounting budget.

The committee of 1939-1940 made a most comprehensive survey and brought in a voluminous report with many specific recommendations, and others more general in nature, designed to provide an effective working staff capable of fulfilling the duties required by the Association's activities and with economy as the keynote.

The subcommittee of the Council, of which your president was chairman, brought in a specific report on the survey report which was approved by the Council and submitted to the House of Delegates at the meeting held in Coronado in May of 1940. This report was approved by the House of Delegates at that meeting. At the reorganization meeting of the Council held on the last day of the Coronado meeting, the Council requested your president to bring in specific recommendations in conformity to the accepted report for the reorganization of the Association staff and their duties. This was done.

The chief activities of the California Medical Association are:

1. The advancement of science in the practice of medicine, of which the annual meeting is one of the important means; the postgraduate activities are an important factor; CALIFORNIA AND WESTERN MEDICINE disseminates the information gained by the preparation of papers and carries also news of organization activities; the work of the Cancer Commission is important.
2. The second major activity is that of public policy and legislation.
3. Public health education.
4. Organization and fiscal management, part of which are the legal technical problems and our Public Relations Department.
5. California Physicians' Service.

These five major divisions of our activities have been placed in the hands of our secretary-treasurer-editor, Dr.

George Kress, and an executive secretary and public relations director and publisher, Mr. John Hunton. They have a staff of four clerical assistants, in addition to which we have a field representative of the Public Policy and Legislative Committee.

The division of responsibility of our two secretaries has been so arranged as to take advantage of the capabilities and background of the two men involved with consideration for their special fitness to carry on to a proper conclusion the type of duty delegated to each.

Some of the older faces will be missing from the Association's office and some new ones will be found in their place. There has been a rearrangement of salaries and a scrutiny of the audit will show a surplus of \$12,885 for the year ending December 31, 1940, as compared to a deficit of \$3,470 for the year ending December 31, 1939, a net exchange of \$16,355 in the Association's favor. Under the reorganized office program there will be a saving of approximately \$9,200 on staff salaries for the year 1941, as compared with the 1939-40 year, in addition to which there is a potential saving of approximately \$3,000 on the cost of publication of CALIFORNIA AND WESTERN MEDICINE, based upon the following of the recommendations made by the Survey Committee.

This saving is predicated upon decrease in the number of pages, cutting down the margin of the pages, a little difference in binding, and other small economies. An offer by a competent experienced publisher to publish for us, subject to proper contractual safeguards, CALIFORNIA AND WESTERN MEDICINE free would bring about a further economy of nearly \$10,000 per year. Your president recommends that this contract be made.

A capitulation indicates that the \$16,355 plus \$9,200 and a possible \$10,000 saving on publishing cost would approximate slightly over \$35,000 decrease in the operating budget for the year 1941 and 1942, with a very much better staff than we have had for some few years.

In the bringing about of this picture there has been almost complete agreement upon the part of everyone involved as to the propriety and the soundness of judgment involved in each step. There has been an absolute absence of bias, animus, and narrow-mindedness. On the contrary, the members of the Association are to be congratulated upon the earnestness with which the members of the Council have sought to fulfill the recommendations for reorganization that were requested of them by the House of Delegates.

It is fitting that attention be called to the significance that California Physicians' Service is assuming and is about to assume in our social economic picture. As an operating unit it has not been large or important in the number of patient beneficiaries that have been cared for nor in the number of doctors who have rendered the service, but it should be apparent to all that it affords a mechanism whereby contractual relationships are being made and undoubtedly will be made in greater and greater numbers not only with privately operated industrial groups, but with the ever-increasing number of governmental service units.

Without California Physicians' Service each doctor would stand isolated and alone, voiceless, defenseless, with no weapon to meet the encroaching parental attitude that is threatening to wipe out private practice. Do not fail to understand the possibilities of California Physicians' Service and stand ready to assist in every way possible the fulfillment of its purposes.

The Committee on Public Policy and Legislation, even without the active guidance of Doctor Harris, is proving competent and effective in meeting their problems.

* Section 3, Article XII, of the California Medical Association Constitution states, in part: "The Association, prior to the annual session, shall print a 'Pre-Convention Bulletin,' which shall contain reports of officers and committees. . . . A copy of the 'Pre-Convention Bulletin' shall be given to each delegate and alternate on or before registration."

The Committee on Public Education has been composed of a group of sincere and hard-working men who have earnestly attempted to utilize the money appropriated for their use effectively and economically. They have been dealing with an intangible and, in conjunction with the Council, have merged their activity with that of the Association office, looking to our new executive secretary and public relations director, Mr. John Hunton, for much assistance, thereby putting this department upon a sound financial basis where its continued operation will be supported out of general funds and should not require special levy upon the members for its maintenance.

In conclusion, I would like to express my heartfelt appreciation for the cordial and forthright expressions of interest accorded me during this most interesting year by every member, and particularly to Dr. Charles Dukes, the retiring president, Dr. P. K. Gilman, chairman of the Council, Dr. George Kress, and each member of the Council individually.

Respectfully submitted,
Harry H. Wilson, *President.*

REPORT OF THE PRESIDENT-ELECT

To the President and the House of Delegates:

It has been my pleasure to attend all of the meetings of the Council, Executive Committee, and the Committee on Office Reorganization held during the past year.

At the reorganization meeting of the Council, a committee of three—President Harry Wilson, Chairman of the Council P. K. Gilman, and myself—were appointed to carry out the wishes of the House of Delegates and select an executive secretary and arrange a satisfactory division of office duties for the more efficient handling of the Association activities. This work required many meetings during the summer months. Several applicants for the position of executive secretary were interviewed, their qualifications, personalities were carefully and impartially studied, and at the fall meeting of the Council we were able to report to the Council our unanimous selection of the present executive secretary.

During the year, I have visited the following county societies: Mendocino-Lake, Marin, Napa, Sonoma, Solano, San Francisco, Riverside, San Bernardino, San Diego, Imperial, San Luis Obispo, Santa Barbara, Ventura, Kern, and expect to visit Placer County before the Convention.

Many problems face the Association at the present time, especially those of a political nature, as our ideals are being assailed and there seems to be an attempt by political forces to break down our code of ethics, what they stand for in relation to the public health. Their criticism deals with subjects such as our supervision and approval of hospitals, our approval of hospitals for intern training, and they seem to wish to place the science of medicine on a trade-union basis. It is only by consistently planned organization work that we may hope to preserve the standards of medical care in the future for the general welfare of the public health of our people.

Respectfully submitted,
Henry S. Rogers, *President-Elect.*

REPORT OF THE PAST PRESIDENT

To the Members of the House of Delegates and the Members at Large of the California Medical Association:

Your past president has attended the meetings of the Council and Executive Committee meetings during the past year and has cared for such committee assignments as have been referred to him. He has nothing further to report.

Respectfully submitted,
Charles A. Dukes, *Past President.*

REPORT OF THE SPEAKER OF THE HOUSE OF DELEGATES

To the President and the House of Delegates:

Your attention is called to the meetings of the House of Delegates at the forthcoming annual session at Del Monte. The House will convene promptly at 8 p. m. on the evening of May 5. Its second meeting will be at five o'clock on Wednesday, May 7. At approximately six o'clock the House will recess, and will reconvene at 8 p. m. of the same day.

It is true that prompt attendance at these meetings entails some sacrifice, but, as in the past, your Speaker again reminds you that this inconvenience is to be borne by delegates and alternates as the price of their office, and their promptness is urgently solicited.

The Speaker offers the following recommendations: Amend Section 3 of Article X of the Constitution by striking from it the words "for a term of one year" and substituting therefor "for a term of three years." This recommendation is made because experience has shown that the office of Speaker of this House is a rather highly technical one and that it is desirable from the standpoint of the House that the presiding officer should continue in office more than the theoretically possible single annual session. Three years is suggested as a term of office, since that is the term to which councilors are elected and since the Speaker is *ex officio* a member of the Council.

It is further recommended that Section 1 of Article V be amended by adding a provision which deprives the Council of voting power in the House. This recommendation is made because it seems manifestly improper that the Council should have power to vote on approval or disapproval of its own acts.

Respectfully submitted,
Lowell S. Goin, *Speaker.*

REPORT OF VICE-SPEAKER

To the President and the House of Delegates:

The office of vice-speaker imposes no burden, such as is borne by other executive officers of our Association. It rather gives opportunity for education and preparation for service, if such service is needed in time of stress. With that attitude of mind, I have followed the proceedings of our Council, and, by invitation, I have attended some meetings. I have been active in the development of California Physicians' Service. I have stood, and still stand, ready to perform such duties as you may see fit to delegate to me.

Respectfully submitted,
E. Vincent Askey, *Vice-Speaker.*

REPORT OF THE CHAIRMAN OF THE COUNCIL

To the President and the House of Delegates:

The Council submits in the "Pre-Convention Bulletin" a tentative report. At Del Monte an additional report will be made. The large amount of business coming before the Council must be evident to all who read the minutes of its meetings. Many of the matters that have been under consideration in the Council will be presented also to the House of Delegates.

In addition to his duties as chairman of the Council, the undersigned has been active in Medical Preparedness as chairman for the State of California of the Committee on Medical Preparedness of the American Medical Association.

Respectfully submitted,
Philip K. Gilman, *Chairman of the Council.*

REPORT OF THE COUNCIL

To the President and the House of Delegates:

Article VII of the Constitution of the California Medical Association, in Sections 1 to 6 inclusive, outlines the organization and functions of the Council as a board of directors of the California Medical Association. The Council is charged to carry out all resolutions and enactments of the House of Delegates, and between meetings of the House is vested with power to carry on the business and activities of the Association.

The report herewith submitted deals particularly with work carried on since the last annual session at Coronado in May, 1940.

In addition to four meetings held at the Coronado annual session, during the past year the Council has held three meetings (two in San Francisco and one in Los Angeles). Minutes of these meetings have been printed in CALIFORNIA AND WESTERN MEDICINE.

Those who have read the reports of the Council's actions well realize the many and important problems which the Council is called upon to decide.

Some of these items merit special comment, which is herewith given.

1. Reorganization.

Following the report of the Special Committee on Survey of Association Offices, the 1940 House of Delegates adopted a resolution calling for the employment of an executive secretary in the central office. A committee, consisting of the Association president, president-elect, and chairman of the Council, was named to carry out the reorganization program outlined in the Survey Committee's report.

This committee of three held several meetings and interviewed a large number of candidates for the position of executive secretary, who should take charge of the business affairs of the Association. The Committee selected Mr. John Hunton of San Francisco for this position, and this selection was later approved by the Executive Committee and the Council.

The committee of three then made a delineation of duties between the Secretary-Editor and the Executive Secretary, this division being made as follows:

The Association secretary-editor:

Assigned responsibility over: duties as editor of CALIFORNIA AND WESTERN MEDICINE; secretaryship of the House of Delegates, the Council, and the Executive Committee, and treasurership of the Association; postgraduate activities; scientific program and exhibits at annual session; state and county fair exhibits; historical data; visitation of county societies; secretarial conference, and other duties to be delegated by the Council or Executive Committee.

The Association executive secretary:

Assigned powers and duties enumerated in Chapter VI, Section 3, of California Medical Association By-Laws, with the exception of approval of JOURNAL advertising, these duties consisting of the general managerial functions of the central office; publisher of the OFFICIAL JOURNAL; charge of commercial exhibits at annual session; collaboration with Committee on Public Health Education; secretaryship of the Committee on Public Policy and Legislation, and other duties to be delegated by the Council or Executive Committee.

This outline of duties for the two central office executives was approved by the Executive Committee on October 21, 1940, and later approved by the Council at a meeting on February 23, 1941.

The work of the central office has progressed satisfactorily and amicably under these arrangements.

In the course of the changes made in the central office personnel in the past year, two employees of the office have been dropped from the pay roll and have been granted

pensions of \$40 a month each by the Council, in consideration of their long terms of service. The Council hereby requests the House of Delegates to determine as a matter of policy the amount and duration of these pensions.

2. California Physicians' Service.

California Physicians' Service last month lost its active administrative head when Alson R. Kilgore resigned as secretary after having served in this position since the formation of the organization. The Council of the California Medical Association would be remiss in its duty if it did not offer its thanks and heartfelt appreciation to Doctor Kilgore for the long, strenuous and effective work he has put into California Physicians' Service. The Council wishes at this time to give full recognition to Doctor Kilgore for this arduous labor.

Dr. Albert E. Larsen, who was chosen medical director of California Physicians' Service during the past year, has been elected secretary to succeed Doctor Kilgore.

California Physicians' Service has grown since its inception to a point where it now has 23,000 beneficiary members. Late in 1940 California Physicians' Service attained a position where the 25 per cent allowance of beneficiary members' fees was more than sufficient to meet operating expenses. It is gratifying to report that California Physician Services has started repaying its loans from the Association.

The service is now considering the admission of members under a surgical service agreement only, a proposal which should expand the beneficiary membership greatly. The increase in beneficiary membership already attained, plus the prospective growth in membership, is indicative of an increase in California Physicians' Service revenue sufficient to permit the service to fulfill its originally planned destiny of rendering medical care to low-income groups. This growth already has brought to the medical profession a sizeable amount of revenue from patients who formerly received medical service gratis.

The most recent advance made by California Physicians' Service was the signing of an agreement to render medical care for about 25,000 persons affiliated with the Farm Security Administration.

3. Legislation.

The California Legislature, now in session, has before it a total of more than 4,000 bills, of which almost 400 proposed measures relate directly or indirectly to medical care. These measures are being closely watched by the Council and the Committee on Public Policy and Legislation and every effort will be made to secure the passage of beneficial bills and the defeat of those considered inimical to the interests of the medical profession. A few of the bills now before the Legislature are worthy of comment here. Among these are:

Compulsory Health Insurance (A. B. 1740; A. B. 2471; S. B. 645; S. B. 1024).—Proposed under four bills now in the Senate and Assembly; urged by Governor Olson in his opening message to the Legislature.

Humane Pound Bill (S. B. 488).—Written and introduced by the order of the 1940 House of Delegates. (This bill was tabled in Senate committee.)

Exemption from Motor-Vehicle Speed Laws (A. B. 690).—Written and introduced by direction of the 1940 House of Delegates.

California Physicians' Service (A. B. 562; A. B. 563; A. B. 2148).—Three bills introduced to permit the writing of federal contracts, to clarify the legal status of California Physicians' Service and to amend insurance provisions relating to nonprofit hospital service plans to include nonprofit medical service plans. One of these bills has already passed the Assembly and favorable action on all three by the Legislature and the Governor is hoped for.

County Hospitals (A. B. 1037).—A bill to permit and regulate the admission of part-pay and full-pay patients

to rural county hospitals has been introduced by the Supervisors of Sonoma County and is now being discussed by a special committee of the Association.

Medical Aid for Relief Recipients (A. B. 1625).—A bill to provide medical care for State Relief Administration recipients is now before the Assembly and has been favorably discussed by the California Medical Association Council.

The Council urges the reaffirmation by the House of Delegates of a resolution already adopted to the effect that component county societies of the Association should not endorse legislative bills in California except after such proposed endorsements have been referred through the central office of the Association to the Committee on Public Policy and Legislation. Such requests can be given immediate attention.

The Council has discussed and taken definite action on a resolution adopted on October 16, 1940, by the Industrial Accident Commission of the State of California. This resolution would have had the effect of making available to searchers the medical and hospital records of anyone injured in an industrial accident. Due to the activities of the Association, no attempt has been made to enforce this resolution, although it remains on the books of the Industrial Accident Commission. The terms of this resolution have also been incorporated in a bill now before the Legislature (S. B. 1258).

The Council suggests that the House of Delegates take appropriate action to place the Association on record as favoring a rescinding of this resolution, to the end that the Association may request the Industrial Accident Commission to remove from the medical profession the threat of disclosure of confidential records.

4. Basic Science Initiative.

The Basic Science Initiative, which has received long years of study by the Association, has been completed and submitted to the Attorney-General of California for titling. A program for securing the necessary signatures for this measure has already been developed and is ready to be undertaken by the Committee on Public Health Education as soon as the petition forms are available. The Council wishes at this time to thank the members of the Committee on Public Relations for their untiring efforts in bringing the Basic Science Initiative to completion.

5. Indemnity Defense Fund.

During the past year the legal details of transferring the Indemnity Defense Fund to the trusteeship and custodianship of the Trustees Of The California Medical Association were completed. Early in 1941 the Trustees Of The California Medical Association utilized \$37,000 of cash in the Indemnity Defense Fund account, together with funds on hand, to retire a \$50,000 bank loan which they had been carrying. United States Government bonds of \$37,000 par value have been substituted for the cash of the Indemnity Defense Fund. This action has resulted in the saving of \$1,500 annual interest formerly paid on the loan. Interests of the remaining members of the Indemnity Defense Fund have been safeguarded by a Lloyd's insurance policy and by the impounding of ample cash funds.

6. Medical Preparedness.

The Council, through its chairman, who also serves as chairman of the California Committee on Medical Preparedness, and through the central office, has attended to a large amount of detail work in the National Medical Preparedness campaign. The Association has supplied lists of qualified physicians to make physical examinations under the Selective Service Act, and a vast amount of free medical service has been given in this way. The question of whether this free service should be continued over the five-year period contemplated under the Selective Service

Act is open for argument, and the comments of Association members are invited on this subject.

During the year, three separate mailings of American Medical Association medical preparedness blanks have been made to California physicians by our Association's central office. These mailings have resulted in more than a 90 per cent response from the 12,000 physicians in California.

The Association's central office has also given considerable time, in coöperation with the chairman of the Committee on Medical Preparedness, to the securing of physicians for the United States Army. At this writing, this matter is practically at a standstill because of the legal and technical requirements of the Army in issuing commissions in the Medical Corps Reserve. The Council feels that the coöperation of the Association has been gladly and thoroughly given, and that the Army itself is sadly lacking in the flexibility needed for carrying out a personnel procurement program to which the Association was glad to contribute to the fullest extent.

We feel that members of the Association already called or to be called into military service should not be asked to pay their Association dues during their tours of duty. The House of Delegates is, therefore, requested to consider and to sanction the action of the Council at its February 23, 1941, meeting in authorizing the advance of Association funds to county societies for the payment of Association dues of members called into service.

Medical education in California should be protected by the Association through the adoption of steps to consider medical students as "essential" in the national preparedness campaign. The Government is asking an increase in the number of medical graduates, but to date has not acted to protect medical students in their trainee status. Key faculty members of medical schools must also be recognized in the Government's program and protected in their teaching positions.

A new item of Government encroachment on the field of medicine is now becoming apparent in the efforts of the National Youth Administration to secure a large number of physical examinations on an extremely low fee basis. The Association should be on guard to prevent such a low fee table from being extended to the proposed complete medical care program of the National Youth Administration.

7. Secretarial Conference.

The Fifth Annual Secretarial Conference was held in San Francisco on February 22, 1941. The meeting was well attended and was instructive to all county society secretaries, as well as to councilors and committee members, on the numerous current activities of the Association.

8. Annual Session.

Arrangements for the annual session are practically complete at this time and a successful meeting is anticipated. The revenue from commercial exhibits has, this year, reached a new peak of \$7,590. The Council wishes to pay tribute to the support given by technical exhibitors to our meeting.

9. Postgraduate Work.

Postgraduate assemblies have been conducted in an increasing number of counties in the past year. These have covered the requirements of military medicine as well as the scientific subjects so necessary to the continuing education of all practitioners. The Council sincerely urges all county societies to support these assemblies for the benefit of the entire membership of the Association.

10. Exhibits and Fairs.

The Council wishes to call the attention of the Association membership to the value of carrying the story of organized and scientific medicine to the public through the medium of exhibits at state and county fairs and similar

gatherings. The central office hopes to be well equipped to handle this and will appreciate suggestions from county societies as to possible locations, dates, etc.

11. Medical Defense.

The Council wishes again to stress the importance of Grievance Committees in the county societies to handle threatened malpractice suits. Experience has proved that many potential lawsuits can be eliminated through the intervention of a constituted Grievance Committee. Every such suit which is kept out of court tends to prevent further increases in the rising cost of malpractice insurance.

12. Woman's Auxiliary.

The Council wishes to pay tribute to the splendid work performed in the past year by the Woman's Auxiliary to the California Medical Association. This work has included a large number of telephone calls and communications to follow up the mailing of Medical Preparedness blanks, as well as the raising of money for the fund for needy members. The Council is confident, in view of the Auxiliary's past performance, that the large volume of work to be required in obtaining signatures for the Basic Science Initiative will be in competent hands when given to the Woman's Auxiliary.

13. Membership.

The membership of the Association reached a new record high on December 31, 1940, at which time there were 6,552 active members, ninety-seven retired, four associate, and one honorary member. Since the first of this year, 119 new members have been added to our membership roster. Our present membership makes the California Medical Association the fourth largest state unit in the American Medical Association and has entitled us to one additional delegate to the American Medical Association House of Delegates.

14. Special Assessment.

Association records show that 1,082 members as of June 1, 1939, remain charged on the books with the \$10 special assessment levied by the 1939 House of Delegates. The Committee on Public Health Education, which has been charged with the handling of special assessment monies, continues capably to carry on the work contemplated in the adoption of the special assessment. The Committee at this time remains in existence at the pleasure of the House of Delegates.

15. Councilors.

Reports of the elected councilors are published elsewhere in this section. They furnish proof that the component county societies of the Association have received official visits throughout the year by members of the Council.

Respectfully submitted,
P. K. Gilman, Chairman.

REPORT OF THE PRESIDENT OF THE TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION

To the President and the House of Delegates:

The Trustees Of The California Medical Association have held five meetings in the past year, including the annual meeting of members and four meetings of the board of directors. The financial report of the Trustees Of The California Medical Association is printed elsewhere in this issue as a self-explanatory statement.

Since December 31, 1940, the date of the financial report, the board of directors of the Trustees Of The California Medical Association has authorized the retirement of the \$50,000 bank loan shown on the financial statement. This loan was retired with cash secured to the extent of \$37,000 from funds of the Indemnity Defense Fund, for which

this corporation is acting as trustee and custodian. The balance of the bank loan was paid from current cash and from a temporary advance from the California Medical Association.

Respectfully submitted,

P. K. Gilman, President.

REPORT OF THE SECRETARY-TREASURER

To the President and the House of Delegates:

In conformity with custom, your Secretary-Treasurer begs leave to submit his report under two subheadings: (1) Report of the Secretary, and (2) Report of the Treasurer:

I. Report of the Secretary

During the months of January to September, 1940, inclusive, the secretarial functions of the Association were carried on under the supervision of the Association Secretary, along lines laid down as long ago as 1901, that being the time when our state society adopted its new set-up as one of the state units of the American Medical Association. In compliance with the instructions from the House of Delegates, a new office, that of executive secretary, was created by the Council in 1940, the many secretarial activities formerly assigned to one employee being re-allocated on October 1, 1940, and divided between the Association Secretary and the Executive Secretary. The report of Executive Secretary Hunton appears in this "Pre-Convention Bulletin," on page 191.

Clerical Staff.—As stated in other reports in this issue, the Council authorized a rearrangement of the clerical staff, with the desire to promote efficiency and economy.

Business Manager of the Official Journal.—A function taken over by the Executive Secretary in October, 1940, was that of business manager of CALIFORNIA AND WESTERN MEDICINE. Reports of previous years called attention to the fact that the OFFICIAL JOURNAL accepted advertisements of pharmaceutical and similar products only when prior approval had been secured from the American Medical Association Council on Pharmacy and Chemistry. In spite of that limitation, however, CALIFORNIA AND WESTERN MEDICINE has had an advertising income greater than that of several publications representing State Associations having a larger membership than the California Medical Association. The higher printing costs in California have been recurrently discussed by the Council, but for special reasons that body was reluctant to take action to change arrangements then existing. The matter has been reopened, and Executive Secretary Hunton is now studying ways and means whereby additional savings may be realized.

Council and Executive Committee.—As provided in the by-laws, the Association Secretary acts as the secretary of the Council and of the Executive Committee, and carries out their special instructions.

Visits to County Societies.—Since October 1, 1940, it has been possible for your secretary, in company with general officers and councilors, to visit more of the component county societies than in previous years. At such meetings, the functions of organized medicine were discussed, with special emphasis on the status of activities of the California Medical Association. Officers of the Association who have participated in such meetings agree that they promote the interest, both of organized and scientific medicine.

Postgraduate Duties.—As secretary of the Committee on Postgraduate Activities, the Association Secretary has found it possible to be of aid to the committees of component societies in the preparation of postgraduate programs, the securing of guest speakers, the giving of publicity to times and places of conferences. Some state medical associations in the past have availed themselves of

full-time representation for this one line of work. It is encouraging to note the increased interest in these conferences, and request is made that local committees feel free to call upon the Association Secretary for advice. With wider coöperation, it should be possible to operate the post-graduate activities in a manner to greatly promote the work of scientific medicine in California.

Annual Session.—The Association Secretary is also the chairman of the Committee on Scientific Work, and in that capacity, in conjunction with the officers of the scientific sections, is charged with the responsibility of securing and coöordinating the programs of the large general sessions held on each of the four mornings, as well as aiding in the arrangements for the meetings of the twelve scientific sections. The provisions for film presentations, scientific exhibits, allocation of meeting rooms, also devolve upon him. It is needless to add that meticulous care and planning are necessary in order to have the arrangements promote an easy-moving, profitable and pleasurable annual session. It is gratifying to be able to state that guest speakers of former years have been impressed with the manner in which the California Medical Association carries through its annual session programs, and that they have been generous in their compliments.

State and County Fairs.—The State Fair at Sacramento and the Los Angeles County Fair at Pomona, each draw an attendance of more than 500,000 citizens. Other county fairs throughout the state are, likewise, visited by thousands of citizens. Those who attend the fairs are in a receptive mood to absorb new ideas. Here are unusual facilities for carrying through programs designed to educate the public concerning achievements in public health and scientific medicine. The Council assigned to the Association Secretary the development of this field of education, from which, if a budget for transportation and maintenance of exhibits is allowed, it should be possible to secure results which will redound greatly to the benefit of all concerned.

Historical Studies.—Another field of work as yet quite barren is that concerned with the gathering of material which will shed light on the past of the California Medical Association, which came into existence as long ago as the year 1856. The responsibility of this proposed work has also been delegated to the Association Secretary, who would work under the supervision of the Committee on History in collecting and compiling such data. Here, also, a limited appropriation may be necessary if real progress is to be made.

Miscellaneous Duties.—In addition to the items enumerated above, there are many other duties incident to special correspondence and conferences with physicians and others, all of which require time and effort in order to bring them to proper completion. In the performance of these various tasks, the Association Secretary has had the cordial co-operation of all upon whom he has called for aid, and at this time he desires to express his appreciation for the aid so generously given.

II. Report of the Treasurer

The essential information of the report of the Treasurer is contained in the statements of the certified public accountants, Ernst and Ernst. The provisions laid down in the by-laws governing funds and expenditures drawn thereon, have been complied with. The income last year was considerably greater than was anticipated at the time the budget was adopted. Throughout the year, efforts were made to stay within the budget allowances that had been allocated for special functions. It is gratifying to know that considerable savings were made on budgeted items, and that the large drafts on reserve funds, through unforeseen expenditures for special activities, as the California Medical Economic Survey, legislative matters (examples: antivivisection and medical service problems),

have, likewise, ceased. Also that California Physicians' Service has reached the point where it is now in the black on its routine maintenance activities, and that it has made an initial repayment on the sums loaned to it by the California Medical Association.

In the reports of President Wilson, the Council, and of the Executive Secretary, additional comment is made concerning income, expenses, and savings.

The report of the certified public accountants, Ernst and Ernst, is appended hereto.

Respectfully submitted,

George H. Kress, *Secretary-Treasurer.*

Report of Examination*

I. California Medical Association and of

II. Trustees Of The California Medical Association (A Corporation)

San Francisco, California

December 31, 1940

ERNST & ERNST
ACCOUNTANTS AND AUDITORS
SYSTEM SERVICE
SAN FRANCISCO

February 19, 1941.

California Medical Association
San Francisco, California

We have examined the balance sheets of California Medical Association and Trustees Of The California Medical Association (A Corporation) as of December 31, 1940, and the statements of income and expenditures, surplus and deficit for the year then ended, have reviewed the accounting procedures of the Association and Corporation and, without making a detailed audit of the transactions, have examined or tested their accounting records and other supporting evidence, by methods and to the extent we deemed appropriate.

California Medical Association is a nonprofit organization formed for the purpose of promoting the science and art of medicine, protection of public health, and the betterment of the medical profession and is the state unit of the American Medical Association. Trustees Of The California Medical Association is a nonprofit coöperative corporation, having no capital stock, incorporated under the laws of the State of California during May, 1930, in order to aid the Association in carrying out its purposes.

Indemnity Defense Fund of the California Medical Association, by action of its Trustees, and the Council of the California Medical Association, and Trustees Of The California Medical Association, came under the custodianship of the latter organization during the year. The total assets of the Fund at the time of transfer of custodianship was \$47,199.37. These funds now appear in the balance sheet of the Corporation as a trust fund, pending distribution of the Fund, at which time the Corporation will acquire as beneficiary, by reason of assignments held, approximately 93 per cent of the Fund. The Trustees of California Medical Association have secured a five-year policy insuring all liability of this fund.

Included in this report is a separate statement setting forth the assets remaining at December 31, 1940, in the special assessment fund created under the direction of the House of Delegates by an assessment on all active members of the Association as of June 1, 1939. In accordance with the resolution of the House of Delegates, the funds received under this special assessment were to be carried in a special fund and used only for the additional purposes contemplated and any moneys remaining in this fund after

* Report from Ernst & Ernst, Certified Public Accountants.

discharge of the Committee on Public Health Education by the House of Delegates are to be returned pro rata to the then members of the Association who paid the special assessment.

A summary of the assets and liabilities of the Association and the Corporation at December 31, 1940, but not including the Special Assessment Fund, is presented below.*

The statement reflects that the combined net assets of the Association and the Corporation total \$44,099.54, after providing a reserve of \$42,000 against the loans to California Physicians' Service.

The following comments relate to the assets and liabilities set forth in the accompanying balance sheets of the Association, Corporation, and Special Assessment Fund and to the scope of our examination:

The office working fund of \$50 was counted by us. Cash on deposit was verified by corresponding with the various banks and reconciliation of the amounts so reported with those shown in the balance sheets included in this report. Recorded cash receipts during the year were traced into bank statements or pass books on file in the Association office, and recorded cash disbursements were supported by examination of canceled checks or pass book entries for the same period. We further verified cash disbursements by examination of the lists of expenditures approved by the Auditing Committee of the Association and also, with minor exceptions, by inspection of invoices and other data. The footings of the cash records were thoroughly tested by us.

Marketable securities, owned by the Corporation, are shown in detail in an exhibit included as a part of this report. We have received confirmation of the securities having a par value of \$50,000, which are held by the bank as collateral on a loan of like amount, and have inspected the remaining certificates having a par value of \$29,000. The interest accrued on these certificates at December 31, 1940, represented by unclipped coupons or by interest accruing in the interim period since the date of the last detached coupon, has been included in this report.

Accounts receivable due from advertisers in CALIFORNIA AND WESTERN MEDICINE, the official journal of the Association, were determined by trial balance of the individual accounts, but we did not correspond with the respective debtors in further verification of the accounts. By reference to subsequent payments, inspection of advertising contracts, test-checks of the income received to the advertisement printed, and by information obtained, we have satisfied ourselves that the accounts are authentic.

* Editor's Note.—See Ernst & Ernst summary, having caption, "Table 1.—Assets—Liabilities, Reserves, and Surplus."

We have made an age analysis of the balances owing to the Association at December 31, 1940, as shown in the following summary:

DATE OF ACCOUNT	AMOUNT
December, 1940	\$1,190.88
October and November, 1940	173.00
July, August and September, 1940	118.00
January to June, 1940	85.00
December, 1939, and prior	359.00
TOTAL	\$1,925.88

Based upon our examination of the accounts and information obtained, we are of the opinion that the reserve for doubtful accounts in the amount of \$500 is sufficient to cover possible loss on these accounts.

Sundry accounts receivable, consisting of the following amounts due to the Association, were all of current date and are considered fully collectible:

Amounts due for reprints	\$ 80.00
Due from California Medical Society	50.00
TOTAL	\$130.00

Classified under the caption of Other Assets are the balances due to the Association as of December 31, 1940, for cash loans and advances made and also a deposit of \$75. The loans to California Physicians' Service are represented by notes, as set forth in footnote to balance sheet, which were inspected by us. Advances made for the Morris Herzstein Trust Fund are to be repaid from the future income of this trust fund and represent amounts disbursed in connection with an exhibit at the Golden Gate International Exposition.

The Association has established a separate savings account for the balance of the funds received under the bequest of Morris Herzstein. An offsetting account showing the Association's accountability for the funds received under the bequest of Morris Herzstein is shown on the liability side of the balance sheet. The advances made for the Herzstein trust fund, as shown under Other Assets in the balance sheet, are to be reimbursed from the savings account at some future date.

During the year, Trustees Of The California Medical Association became the new trustees and assumed the custodianship of the funds formerly held by the Indemnity Defense Fund. These funds are shown in the balance sheet of the Corporation at December 31, 1940, and an offsetting account has also been established to show the accountability of the Corporation for these funds. During January, 1941, the Corporation reduced the amount of its bank loans with approximately \$37,500 of these funds and substituted United States Government bonds owned by

TABLE 1.—Assets—Liabilities, Reserves, and Surplus. (Ernst & Ernst)

ASSETS	ASSOCIATION	CORPORATION	ELIMINATIONS	COMBINED
Cash	\$ 10,056.34	\$ 3,593.98		\$ 13,650.32
Marketable securities		80,622.14		80,622.14
Accounts receivable	1,555.88			1,555.88
Other assets	43,116.58			43,116.58
Due from California Medical Association		58,428.07	\$58,428.07	
Endowment fund		243.21		243.21
Trust funds	806.27	47,558.34		48,364.61
Furniture, equipment, etc.	1.00			1.00
Deferred charges	850.59			850.59
	\$ 56,386.66	\$190,445.74	\$58,428.07	\$188,404.33
LIABILITIES, RESERVES AND SURPLUS				
Notes payable to bank		\$ 50,000.00		\$ 50,000.00
Due to Trustees of the California Medical Association	\$ 58,428.07		\$58,428.07	
Other accounts payable	388.32			388.32
Members' contributions to endowment fund		243.21		243.21
Deferred income	2,098.65			2,098.65
Trust funds	4,016.27	47,558.34		48,574.61
Reserves	43,000.00			43,000.00
	\$104,931.31	\$ 97,801.55	\$58,428.07	\$144,304.79
Surplus—Deficit	\$48,944.65	92,644.19		44,099.54
	\$ 56,386.66	\$190,445.74	\$58,428.07	\$188,404.33

the Corporation in a like amount for the money taken from the Fund.

Furniture, fixtures, etc., are stated on the books of the Association at the value of \$1, in accordance with the policy adopted as of June 1, 1935, of charging all acquisitions of this nature to expense at the time of purchase. The amount charged to expense during the year for equipment purchased amounted to \$119.99 and represented the cost of a filing cabinet acquired.

Deferred charges represent those amounts which, in our opinion, are properly chargeable to future years. During 1940, the Association purchased some equipment to be used at annual meetings and, by resolution of the Council, it is to be charged off to annual session expense over the next five years.

Notes and accounts payable on the respective balance sheets provide for all ascertained indebtedness at the date of our examination. Note payable, as shown on the balance sheet of the Corporation, represents the following note owing to the Crocker First National Bank of San Francisco.

DATE	MATURITY	INTEREST RATE Per Cent	AMOUNT
October 25, 1940	January 23, 1941	3	\$50,000.00

As previously stated, this note is secured by marketable securities of the par value of \$50,000 plus coupons attached. The Corporation in turn has loaned \$58,303.07 to the Association, of which \$8,303.07 represents non-interest bearing notes.

Deferred income consists of those amounts which were received during 1940 but which will be taken up as income in the calendar year 1941, the year in which they properly belong.

Members' contributions to endowment fund, plus accrued interest, are shown on the balance sheet of the Corporation in the amount of \$243.21. The purpose of the endowment fund is to provide income for the general purposes of the Association.

Contributions were received during the year in the amount of \$210 to establish a fund for needy members. This fund has not yet been segregated from the general funds of the Association.

Reserves for possible losses have been provided on the balance sheet of the Association in the amount of \$43,000. Reserve for contingencies in the amount of \$1,000 has been provided to cover any possible liability for unemployment reserve taxes prior to 1938. Unemployment insurance taxes for these years have been paid to the Federal Government under protest and claims for refund filed by the Association, on the grounds that although the taxes were paid, the Association should have been exempt from this tax, have been disallowed. The Council of the Association has authorized the legal counsel to proceed with suits to recover the amounts of their taxes paid.

Reserve for possible loss on loans to California Physicians' Service in the amount of \$42,000, as commented upon in the footnote to the Association's balance sheet, has been provided in the interest of conservative accounting and until such time as more definite information can be obtained as to the financial prospects of that organization.

Statements of income and expenditures are submitted as a part of this report in comparative form, our comments in connection therewith following:

Members' dues, as recorded on the books of the Association, were test-checked by corresponding with ten county societies selected at random by us, from nine of which replies have been received to the date of this report, in verification of the amount of remittances for dues forwarded by them during the months of January, February, and March, 1940. The Imperial County Medical Society did not report to us.

Advertising income of the JOURNAL was test-checked by comparison of space used with the charges in the advertisers' accounts.

Expenditures for the period under review were checked to the lists thereof approved by the Auditing Committee and the major items included were verified further by examination of invoices, receipts and other data on file. Minutes of the meetings of the Council, Executive Committee, Trustees, etc., were read by us for authorization for large or unusual disbursements.

No contingent liabilities, other than the possibility of additional state unemployment reserves taxes, as provided for in the reserve for contingencies were disclosed by our examination nor were the Association or Corporation reported to be contingently liable on any lawsuits as of December 31, 1940.

OPINION

In our opinion, except for the fact that a full reserve against certain loans may not be needed, the accompanying balance sheets and related statements of income and expenditures, surplus and deficit, present fairly the position of the Association and the Corporation at December 31, 1940, and the excess of income over expenditures for the year, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

ERNST & ERNST,
Certified Public Accountants.

I

California Medical Association

BALANCE SHEET		
December 31, 1940		
ASSETS		
<i>Cash:</i>		
Office working fund	\$ 50.00	
On deposit:		
Commercial accounts ... \$ 9,433.14		
Savings accounts 573.20	10,006.34	\$10,056.34
<i>Accounts Receivable:</i>		
Journal advertisers \$ 1,925.88		
Less reserve for doubtful. 500.00		
Sundry accounts 1,425.88	130.00	1,555.88
<i>Other Assets:</i>		
Cash loans and advances:		
California Physicians' Service—Note A* \$42,000.00		
Morris Herzstein Trust Fund 1,041.58	\$43,041.58	
Deposit 75.00	43,116.58	
<i>Trust Fund:</i>		
Morris Herzstein Bequest —savings account 806.27		
<i>Furniture, Equipment, Etc.</i>		
—nominal value 1.00		
<i>Deferred Charges:</i>		
Rent paid in advance \$ 274.00		
Equipment for annual meetings 537.04		
Annual meeting expense for 1941 39.55	850.59	
		\$56,386.66

* Note A—Loans to California Physicians' Service are represented by notes, which are due in the following years:
Due in 1940 (past due) \$15,000.00
Due in 1942 6,000.00
Due in 1943 21,000.00

Of the above loans, \$21,000.00 had been loaned during 1939 and the additional \$21,000.00 was loaned during 1940. A reserve of \$21,000.00 had been provided at December 31, 1939, against loans at that date, by a charge to the Deficit account, and an additional \$21,000.00 has been provided likewise in 1940, until such time as we are assured that that organization has funds available for repayment.

LIABILITIES AND RESERVES		
<i>Accounts Payable:</i>		
Due to Trustees Of The California Medical Association:		
Loans \$58,303.07		
Interest 125.00		
\$58,428.07		
Advertising commissions and expenses 172.54		
Pay roll taxes 215.78		
	\$58,816.39	
<i>Deferred Income:</i>		
Dues received in advance \$ 1,890.00		
Reprint income received in advance 184.65		
Advertising income received in advance 24.00		
	2,098.65	
<i>Trust Funds:</i>		
Unexpended balance of income received under Herzstein bequest \$ 806.27		
Contributions received for fund for needy members 210.00		
	1,016.27	
<i>Reserves:</i>		
For possible loss on loans—Note A \$42,000.00		
For contingencies 1,000.00		
	43,000.00	
TOTAL LIABILITIES AND RESERVES \$104,931.31		
Deficit —Representing the amount by which the liabilities and reserves for possible losses exceed the total assets of the Association at December 31, 1940—Notes A and B † 48,544.65		
	\$ 56,386.66	
† Note B.—The California Medical Association had beneficial interest at December 31, 1940, in the net assets of Trustees Of The California Medical Association, the balance sheet of which as of that date showed net assets of \$92,644.19, which includes the amount of \$58,428.07 due from California Medical Association. The combined position of both organizations after elimination of this offsetting amount of \$58,428.07 is shown in the combined balance sheet included in the text of this report. Trustees Of The California Medical Association had in turn a beneficial interest in the Indemnity Defense Fund, by reason of assignments of members' interests held by them, which amounted to approximately \$44,229.25 at December 31, 1940.		
† † †		
DEFICIT		
CALIFORNIA MEDICAL ASSOCIATION		
Year ended December 31, 1940		
Deficit at December 31, 1939 \$40,429.68		
Provision for reserve for loss on additional loans to California Physicians' Service 21,000.00		
	\$61,429.68	
Excess of income over expenditures for the year ended December 31, 1940 12,885.03		
DEFICIT AT DECEMBER 31, 1940 \$48,544.65		
† † †		
INCOME AND EXPENDITURES		
CALIFORNIA MEDICAL ASSOCIATION		
Years ended December 31, 1940, and December 31, 1939		
INCOME		
	<i>YEAR ENDED</i>	
	DEC. 31, 1940	DEC. 31, 1939
Dues and general:		
Membership dues (less portion allocated to journal subscriptions) \$45,960.00	\$44,091.00	
Exhibits at annual meeting 5,600.00	5,375.00	
California Medical Society—services 600.00	600.00	
Reprint sales—net 86.85	454.10	
Interest earned 53.02	118.04	
Miscellaneous 11.70	104.96	
	\$52,311.57	\$50,743.10
Official Journal — CALIFORNIA AND WESTERN MEDICINE:		
Advertising \$24,315.26	\$25,387.09	
Members' subscriptions (allocated from dues) 19,595.00	18,866.00	
Cash subscriptions 935.08	910.97	
	\$44,845.34	\$45,164.06
	TOTAL INCOME \$97,156.91	\$95,907.16
EXPENDITURES		
Administrative \$40,029.70	\$45,627.10	
Scientific, educational and public relations 8,815.72	13,695.19	
Official journal — CALIFORNIA AND WESTERN MEDICINE 35,426.46	40,055.55	
	TOTAL EXPENDITURES \$84,271.88	\$99,377.84
	EXCESS OF INCOME OVER EXPENDITURES \$12,885.03	\$ 3,470.68
† † †		
EXPENDITURES		
CALIFORNIA MEDICAL ASSOCIATION		
Years ended December 31, 1940, and December 31, 1939		
	<i>YEAR ENDED</i>	
	DEC. 31, 1940	DEC. 31, 1939
<i>Administrative:</i>		
Salaries—Secretary, Treasurer and Director of Public Relations \$ 7,950.00	\$ 8,000.00	
Salaries—clerical 6,965.00	7,065.00	
<i>Travel expense:</i>		
Secretary, Treasurer and Director of Public Relations 345.23	330.81	
Officers 519.26	642.41	
Council 2,027.51	1,539.76	
Executive committee 101.40	36.20	
American Medical Association delegates 1,277.50	819.70	
Taxes—pay roll 527.53	1,928.60	
Annual meeting expense 4,366.78	3,181.67	
Special meeting expense 1,060.00		
<i>Legal expense:</i>		
Retainer 4,000.00	4,000.00	
Other legal expenses 1,827.92	4,231.33	
Rent 3,238.00	3,238.00	
Office supplies and expenses 1,817.96	2,002.87	
Postage 44.00	932.35	
Directory 559.29	607.19	
Telephone and telegraph 551.69	774.55	
Council and executive committee expense 182.73	224.23	
Equipment expense 119.99	634.21	
Interest on loans 1,525.02	692.92	
Miscellaneous 1,634.89	3,585.25	
	\$40,029.70	\$45,627.10
<i>Scientific, Educational and Public Relations:</i>		
California Society for Promotion of Medical Research \$ 300.74		
Contributions to medical libraries 3,306.00	3,114.50	
Legislation and public policy expenses 1,805.18	3,899.88	
Other committee activities 2,471.34	3,720.74	
Public Health League expense 1,714.00		
Department of Public Relations—sundry expense 1,233.20	945.33	
	\$ 8,815.72	\$13,695.19
<i>Official Journal — CALIFORNIA AND WESTERN MEDICINE:</i>		
Printing \$23,461.59	\$27,308.78	
Salary—Editor 4,000.00	4,000.00	
Salaries—clerical 2,035.00	2,220.00	
Advertising commissions 3,531.32	3,595.54	
Wrapping and mailing 1,318.74	1,616.59	
Illustrations 263.34	541.88	
Supplies, expense and office postage 428.93	225.63	
Discounts and collection expense 273.54	247.13	
Provision for doubtful accounts 114.00	300.00	
	\$35,426.46	\$40,055.55
	TOTAL EXPENDITURES \$84,271.88	\$99,377.84

II

Trustees of the California Medical Association
(A Corporation)BALANCE SHEET
December 31, 1940

ASSETS

Cash:

On deposit:

Commercial account:	
Bank of America	
N. T. & S. A.	\$ 282.11
Savings accounts:	
Bank of America	
N. T. & S. A.	\$ 3,099.72
Crocker First Federal Trust Co.	108.68
The San Francisco Bank	103.47

3,311.87

\$ 3,593.98

Marketable Securities:

U. S. Government Securities—at cost (par value \$79,000.00, of which \$50,000.00 has been pledged) (Quoted market value \$87,357.20)

Accrued interest

\$80,073.45

548.69

80,622.14

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\$ 3,593.98

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REPORT OF THE EXECUTIVE SECRETARY

To the President and the House of Delegates:

Your executive secretary was appointed as of October 1, 1940, to take charge of various of the nonmedical functions of the Association's management, under the direction and supervision of the Council. His duties were outlined in advance of his assumption of any authority; those duties are recited in brief in the report of the Council, printed elsewhere in this issue.

The Executive Secretary was instructed to survey and reorganize the central office routine as his first duty. This activity resulted in a rearrangement of the duties delegated to various office assistants, so that four office assistants now handle the work formerly performed by five. This rearrangement has resulted in a reduction of more than \$2,500 annually in Association pay rolls without any reduction in the volume of work performed in the office or the service rendered to members.

Correspondence, which forms one of the major functions of the central office, is now handled immediately on the receipt of mail. With rare exceptions, every communication coming into the central office is answered on the day it is received.

The Association's files, which are maintained on a permanent basis, have been permitted to function in better fashion through the clearance of an accumulation of unfiled matter. The library-type filing system employed is a satisfactory method, provided proper cross-indexing is used and filing is kept up to date, and it is now believed that the central office files are in good condition and capable of handling the Association's record work efficiently.

Financial records kept in the Association's books have been reviewed and various changes inaugurated as means of simplifying the financial reports and accounts. Book-account numbers have been renumbered to conform to accepted accounting standards and to simplify the task of bookkeeping. Financial forms made up for the Council have been rearranged and simplified. Various small bank accounts have been consolidated in order to eliminate extra detail work.

The Executive Secretary has also suggested and put into effect the utilization of cash funds for the retirement of bank loans on which the Trustees Of The California Medical Association formerly paid \$1,500 annual interest.

Office supplies, which are a matter of continuing expense, have been surveyed with a view toward eliminating much of the effort required to maintain a suitable inventory and also of reducing the cost of these items. In some instances it has been found possible to purchase staple supplies in large quantities and reduce the cost as much as 60 per cent. Reductions in the cost of other items will become possible with the start of a new Association year, and such economies will be put into effect without delay.

Membership records, which form the official tabulation of Association members, have been reviewed and put in good condition. Master membership cards have been prepared for each county society, with the object of supplying a continuous record of county society memberships. This innovation is working out nicely.

Placement bureau files have been kept under constant supervision and have been brought up to date so far as possible. In recent months these files have supplied several physicians for *locum tenens* for doctors leaving their offices temporarily or for longer periods, such as active service in the Army. The operation of the Placement Bureau is a simple one, but one in which the service of the Association to its members and to the profession can be of great benefit.

Medical Preparedness blanks have been mailed three times to all California physicians not already on record with the American Medical Association. These mailings have brought better than a 93 per cent response from the doctors of California. The central office has also given considerable time to correspondence relative to Army or

Navy service of members and to the securing of physicians for military service.

County societies have been promptly advised of official actions of the Council and of important matters relative to membership, legislation, and other items. The central office will continue to keep the county societies advised of developments which might occur with little advance warning and which might adversely affect the welfare of the county societies or their members.

Public relations activities have been taken over by the Executive Secretary as a part of his work. To date, these activities have not been particularly extensive, but such matters as the preparation of publicity releases, the handling of press relations in both the daily activities and the annual session of the Association, and other lines, will be promptly administered from the central office.

The Committee on Public Health Education early this year dispensed with the services of a full-time public relations representative. The Executive Secretary has now undertaken the work formerly handled by the former full-time employee and is ready to handle such other matters as may be delegated to him by the Committee on Public Health Education. At the present time these activities include the distribution of radio addresses for commercially sponsored campaigns, the dissemination of pamphlets and other publications on public health matters, the detail work of the recent scenario and essay contests, and incidental activities.

The Committee on Public Policy and Legislation has also called upon the Executive Secretary for coöperation in several legislative matters. These subjects have included the research necessary to gather factual data for Association witnesses at Sacramento hearings, the appearance before Sacramento committees, the securing of members to testify on behalf of our proposed bills, and the coördination of legislative efforts of various local and county units with the state-wide effort of the Association. This work is continuing at this writing.

Commercial exhibits at the annual session have been handled by the Executive Secretary, who is happy to report a new peak revenue of \$7,640 from the sale of 41 exhibit spaces at the 1941 annual session. Commercial exhibitors are being handled in a manner designed to merit their continued support of the Association's annual meetings and to encourage their coöperation with the Association through advertising in the JOURNAL.

CALIFORNIA AND WESTERN MEDICINE is under the business direction of the Executive Secretary. On other pages of this issue are shown the comparative income and expense items of the OFFICIAL JOURNAL for 1940 and 1939. These figures are self-explanatory. The Auditor's figures show a net deficit of \$10,176 for the JOURNAL for 1940, compared with a net deficit of \$13,758 for 1939. The reductions in deficit came about primarily from a reduction in printing costs, and were offset to some extent by a drop from \$25,387 to \$24,315 in advertising revenues. The subject of expenses of *CALIFORNIA AND WESTERN MEDICINE* is now under study by the Council in connection with a proposal for contract publication of the JOURNAL. The Executive Secretary is following the instructions of the Council in this matter and will submit to the next Council meeting a complete report on possible financial results of the JOURNAL under suggested changes in format and development of potential sources of additional revenue.

At the present time the Executive Secretary believes the operation of the central office of the Association is being carried on effectively and expeditiously. The central office is capable of handling the many obligations placed upon it and is so arranged that additional and unusual duties can be practicably absorbed as a part of the routine work. As additional savings in expense or improvement in services appear to become possible, they will be adopted.

Respectfully submitted,

John Hunton, Executive Secretary.

REPORT OF THE EDITOR

To the President and the House of Delegates:

During the past year, an earnest effort has been made to hold the monthly issues of CALIFORNIA AND WESTERN MEDICINE down to ninety-six pages. To accomplish this, it was necessary to give up some former departments, such as Bedside Medicine and Lure of Medical History. It was hoped that in this manner a larger number of pages could be given to original articles and so permit appearance of a greater number of papers read at the annual sessions. These plans could not be carried through, however, because the advent from month to month of Medical Preparedness needs, legislative and allied matters, brought about unforeseen encroachments.

It is important to keep in mind that about 80 per cent of the 6,621 members of the California Medical Association are in general practice, and that CALIFORNIA AND WESTERN MEDICINE—in common with official journals of other constituent state medical associations—is the expression of organized medicine, even though in that capacity it is the supporter and defender of scientific medicine. Consequently, the contents of every issue must be of a varied and not overtechnical or specialized character. Otherwise, protests from the 80 per cent of members in general practice would no doubt be heard.

In previous years, the Editor has carried on his work with the members of the Committee on Publications largely through correspondence. Last year the transportation expenses for a meeting of the Committee were granted by the Council, the Committee at its meeting going over the manuscripts and deciding on papers to be released for publication elsewhere, manuscripts that might be accepted if changed or reduced in size, and articles which were in form for immediate acceptance. It has been unfortunate that funds were not available that would have permitted the Committee on Publications to hold several meetings each year.

In an effort to solve the problems having to do with the acceptance or nonacceptance of papers, and of deciding what annual papers shall be accepted, with or without conditions, the Council, at its meeting on February 23, approved a plan for an editorial board of thirty members, to be composed of representatives of the specialties, who would advise with and coöperate with the Editor in these matters. This plan will be put into operation after the Del Monte annual session in May, 1941. It is hoped that it will fulfill the expectations of its sponsors.

CALIFORNIA AND WESTERN MEDICINE seemingly fills a need to the satisfaction of many members, if judgment may be made from the very few criticisms which have come to the Committee on Publications and the Editor. Suggestions for improvements are always welcomed, and members of the Association are requested to feel free to acquaint the Editor with their opinions. The OFFICIAL JOURNAL is designed to be the mouthpiece of organized medicine in California, and it is the earnest desire to have expressions of the best scientific work of California physicians appear in its pages.

For the generous support given him by the many members who have contributed articles, the Editor wishes to express his heartfelt appreciation.

Respectfully submitted,
George H. Kress, *Editor.*

REPORT OF THE LEGAL DEPARTMENT

To the President and the House of Delegates:

We shall endeavor to present herein a concise statement outlining some of the major phases of the work performed on behalf of the Association during the past year by the legal department. Very briefly our work during the past year has been as follows:

Basic Science Initiative.—At the last meeting of the House of Delegates the Council was instructed to proceed with the preparation of a Basic Science initiative and with such steps and procedures as may be necessary to place it on the ballot. After the annual meeting, the matter of preparation of the initiative was placed in the hands of a special committee, consisting of Dr. Donald Cass and Dr. Dwight L. Wilbur. During the past year we have worked very closely with Doctors Cass and Wilbur in the drafting of the proposed act, a very complex and a highly technical legal task. It involves numerous constitutional and statutory problems as well as administrative questions which must be adequately met, because once an initiative has become law it can only be amended and mistakes can only be corrected by a subsequent initiative. Accordingly, we have given a great deal of study to the exact phraseology to be used in the initiative and have prepared several complete drafts. During the year the dentists decided that they desired to be included in the initiative and it became necessary to revise the entire act in order to include dentistry. This has been done, and at the present time the initiative has been placed in final form and has been approved by the Council. At the time of dictating this report, a letter from the legal department of the American Medical Association, containing some suggestions, is being reviewed by the Executive Committee and the Special Committee. We expect daily to be told to proceed with the instructions of the Council to present the initiative to the Attorney-General of the State of California for a title and summary. Unless some unforeseen obstacle beyond our control should develop, the initiative should have reached the stage of actual circulation of petitions by the time of the annual meeting.

The preparation of the initiative has involved attendance at numerous meetings, as well as a tremendous amount of research. We hope that it will prove to be a workable act and of great benefit to the public and the profession.

Legislation.—As the Legislature is in session this year, we have had a great deal of work to do in this field. At the last session of the House of Delegates, resolutions were adopted requiring introduction in the Legislature on the following subjects: humane pounds, exemption from motor-vehicle laws when responding to an emergency, citizenship, and several other matters affecting the medical profession. Prior to the meeting of the Legislature, we prepared all bills required by action of the House of Delegates and forwarded them to the Committee on Public Policy and Legislation.

Probably the greatest amount of work in connection with legislation has been the necessary task of reviewing and analyzing all bills introduced that have any bearing on the practice of medicine and surgery. This has involved analysis of over three hundred bills. In addition, we have prepared opinions for the benefit of the Committee on Public Policy and Legislation relating to forty or fifty of these bills. During the session it has been, and will continue to be, necessary for us to attend committee hearings and to advise with the Legislative Committee.

Indemnity Defense Fund.—During the year we have carried out the instructions of the Council and have prepared and carried into effect all of the legal documents necessary in order to transfer the custodianship of the assets of the indemnity defense fund from the board of three trustees to Trustees Of The California Medical Association, a nonprofit corporation.

Medical Jurisprudence.—During each month we have prepared an article for the Medical Jurisprudence column in CALIFORNIA AND WESTERN MEDICINE. It is our hope that within the next year the subject matter of these articles can be collected and supplemented by additional material to form a physicians' handbook.

Miscellaneous.—During the year, opinions have been requested and furnished dealing with a number of subjects,

including disciplinary procedure, lodge practice, sterilization, workmen's compensation insurance, legal and medical aspects of corporate practice of medicine, interpretation of by-laws, compulsory health insurance, expert testimony, and many other matters.

Attendance at the annual conference of committee and county society officers, the meetings of the Council, Executive Committee, Committee on Public Relations, Committee on Public Policy and Legislation, and other standing and special committees, and with representations of a number of county societies, have been maintained throughout the year.

Respectfully submitted,

Hartley F. Peart, *General Counsel.*

II

REPORTS OF DISTRICT COUNCILORS

FIRST COUNCILOR DISTRICT

Imperial, Orange, Riverside, San Bernardino, and San Diego Counties

To the President and the House of Delegates:

The First District has shown considerable increase in the number of doctors during the past three years. The percentage of gain in numbers has varied from 31.9 per cent to a loss of 8.7 per cent. San Bernardino County made a gain of thirty-eight doctors, or 31.9 per cent. San Diego gained sixty-five doctors, or 28.6 per cent. Orange County gained twelve doctors, or 11.2 per cent. Riverside gained twelve doctors, or 30 per cent. Imperial County lost two doctors in the same period of time.

Military service has drawn heavily from all communities and many doctors have gone for service with the Government. Some communities have given more than they could really spare, while others have not given the number they should. Care must be used in taking from our communities only the number of doctors that should be taken so as not to work a hardship on the population or the medical attendants.

The State officers visited the societies of the First District, except Orange County. That Orange County will be visited soon is our expectation. President-Elect Henry Rogers, Editor George H. Kress, Ben H. Read, Executive Secretary of the Public Health League, and the Councilor of the First District visited the societies. Night dinner meetings were held, and a good attendance was seen. At the combined meeting of the Riverside and San Bernardino Counties Society meeting, many ladies came with their husbands to enjoy the meeting.

Well-attended postgraduate meetings have been held in all the counties. More interest is being evidenced each year in the postgraduate work held by the counties. An increased number have been seen coming from other counties to attend the meetings of their neighbor societies. The men are realizing how easy it is for them to get post-graduate work and remain at home, as compared with their going away long distances and being absent from their homes and their work.

California Physicians' Service has not grown in the First District, as we would like to report. There has been no salesman in this area, and it has been shown that California Physicians' Service cannot be sold without a solicitation and follow-up. Also, doctors are not the ones to sell and solicit the business for the California Physicians' Service. Like all insurance, it must be sold.

Respectfully submitted,

Calvert L. Emmons, *Councilor,
First District.*

SECOND COUNCILOR DISTRICT

Los Angeles County

To the President and the House of Delegates:

In this district continued progress has been made in Public Education and Relations by the Committee on Public Policy and Relations of the Los Angeles County Medical Association through its Speakers' Bureau.

Of particular interest was the Los Angeles Health Defense Exhibition, conceived and sponsored by the Los Angeles County Medical Association with the active cooperation of the Los Angeles Dental and Pharmaceutical Associations. The Exposition was held on February 2 to 9, inclusive, at the Shrine Auditorium. The several scientific sections and some individual members arranged scientific exhibits of various types; many allied commercial concerns also exhibited. The exhibition received very favorable publicity in the press as evidenced by 5,100 column inches, 720 different news items, and 426 cuts. Two nation-wide broadcasts were distributed direct from the floor of the exhibition, and a national news reel picture of modern surgery was also made. The greatest public appeal and interest appeared to be the demonstration of modern surgical procedures and motion pictures of different aspects of surgery, obstetrics, and gynecology. The total number of exhibits were fifty-nine, and the exhibits covered 100,000 square feet of space.

The exhibition was an innovation and experiment in public relations, and it is to be hoped that it will be repeated and that other societies will seriously consider arranging for similar exhibitions, as this method of actual demonstration possesses possibilities for public education.

A motion picture in color was made of the different phases of the exhibition and already there is quite a demand for its showing throughout the state.

The Committee on Scientific Programs, consisting of Doctors Donald Charnock, Eric Larson, and L. A. Alesen, are to be commended for their efforts.

Scientific interest has been kept at the usual high plane through programs presented by the parent association and its eleven branch societies and twelve specialty programs.

The total membership of the Los Angeles County Medical Association, as of December 31, 1940, was 2,704.

Respectfully submitted,

George D. Maner, *Councilor,
Second District.*

THIRD COUNCILOR DISTRICT

Kern, San Luis Obispo, Santa Barbara, Ventura and Inyo-Mono Counties

To the President and the House of Delegates:

All the societies comprising the Third District are in excellent condition. They have added to their membership and participated in the activities of the Association, the District Postgraduate Course being held for the fourth year. Each society has participated in the Defense program.

In company with Secretary-Editor Kress, Inyo-Mono was visited in July. An excellent scientific program was part of the evening's entertainment. The Inyo-Mono County Medical Society having signified its desire to be a part of the Third Councilor District (Inyo and Kern counties being contiguous geographical areas), that unit is now a part of the Third Councilor District, in accordance with action taken at Coronado.

San Luis Obispo, with two large camps under construction, has had its facilities extended to the utmost. Two air fields with basic schools in Kern County and a large hospital in Santa Barbara will furnish those counties with Army activities. These activities will bring in many ad-

ditional doctors to these areas, and the societies are already collaborating with them.

With President-Elect Rogers and Secretary Kress, meetings at which organization topics were discussed were attended at Santa Barbara, Ventura, Santa Maria, and Bakersfield.

Respectfully submitted,

Louis A. Packard, *Councilor,*
Third District.

FOURTH COUNCILOR DISTRICT

Fresno, Madera, Kings, Tulare, Merced, Mariposa, Calaveras,
San Joaquin, Tuolumne, and Stanislaus Counties

To the President and the House of Delegates:

Meetings have been held with all county societies of this district for the purpose of discussing organization activities and problems. Secretary George H. Kress was present at all these meetings, except one, and supplied much-needed information.

The Councilor has endeavored to bring home to the membership the need of full coöperation with the purposes of the National Defense Program, the importance of promoting California Physicians' Service, and the undoubtedly benefits of postgraduate conferences. Such topics as Medical Defense insurance, Woman's Auxiliary activities, lodge practice, pending legislation, provisions for needy members, have all received deserved attention.

There has been a steady growth of membership in nearly all our Valley societies, and the importance of working together on our many common problems is better understood, while the benefits of membership are more appreciated.

Respectfully submitted,

A. E. Anderson, *Councilor,*
Fourth District.

FIFTH COUNCILOR DISTRICT

Monterey, San Benito, San Mateo, Santa Clara, and
Santa Cruz Counties

To the President and the House of Delegates:

Our activities for the current year are coming to a close and the annual session will soon be here. During the past year, I have contacted each of the county societies of the Fifth Councilor District at some time, and discussed California Medical Association problems with them.

Last year having been election year, I was called upon several times during the campaign months to talk before the Woman's Auxiliaries, Service Clubs, Parent-Teacher Association, and college groups of this district, regarding certain legislative measures of interest and other problems confronting the medical profession. These were given with the idea of gaining help from the general public and educating them about our activities.

There have been no regular postgraduate courses held in this district last year, but we were fortunate in Santa Clara County in having Dr. Cyrus C. Sturgis of Michigan as a lecturer, brought here by the San Jose Hospital Association. He gave a series of five lectures, and members of the Fifth District were all invited guests of the San Jose group. Splendid programs have been given by each county society at the regular monthly meetings. There has been an excellent increase in new members in our district.

At meetings with the different county societies all of the activities of the California Medical Association (especially the Basic Science initiative) have been fully explained. I have tried to interest all members in the annual session and the activities of the California Medical Association so that everyone will be more intimately acquainted with our problems.

The Defense Program has been the most vital undertaking this year, and several of our men have already gone into the Service. The men active in the Selective Service Program are to be commended for their work. There has been a fine spirit of coöperation by the men in this program.

Respectfully submitted,

R. S. Kneeshaw, *Councilor,*
Fifth District.

SIXTH COUNCILOR DISTRICT

San Francisco County

To the President and the House of Delegates:

During the past year, the members of the Sixth District have continued their study of and negotiations with the Health Service System of San Francisco in an effort to obtain an improved fee schedule and a larger voice in the conduct of that system. At the present time the doctors serving under the system are being polled concerning their wishes in the matter.

The remainder of the problems have been similar to those of other councilor districts.

Respectfully submitted,

John W. Cline, *Councilor,*
Sixth District.

SEVENTH COUNCILOR DISTRICT

Alameda and Contra Costa Counties

To the President and the House of Delegates:

As councilor for the Seventh District, I wish to report that I have kept in touch with the various activities of these county societies. The meetings have been well attended, and the subjects and discussions have been of much interest.

Respectfully submitted,

O. D. Hamlin, *Councilor,*
Seventh District.

EIGHTH COUNCILOR DISTRICT

Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo, and Yuba Counties

To the President and the House of Delegates:

During the past year there has been considerable reorganization in several county medical societies in the Eighth District. The Yolo-Colusa-Glenn Medical Society has been so divided that Yolo County now has its own society, with Colusa County added to the Yuba-Sutter group, and Glenn County associated with the Butte Society. The name of the Placer County Society has also been changed to the Placer-Nevada-Sierra County Medical Society. Among the eighteen counties in this district, only three at the present time are not represented by medical societies, namely, Alpine County, which has no physicians; Amador County, which is affiliated with the Sacramento Society for Medical Improvement; and Eldorado County, which is associated with the Placer-Nevada-Sierra County Society. The above reorganization was intended to unite more closely the component county societies, and to make the benefits of county society membership more readily available.

An Eight District Postgraduate Conference was held at Tahoe Tavern last summer, and although the attendance was rather disappointing, the meeting was otherwise successful. Plans are being considered for additional postgraduate conferences this year which will probably be held in various cities throughout this district.

Several of the component county societies have already been visited this year, with additional meetings planned.

during May, when President-Elect Rogers and Secretary-Editor Kress are scheduled to make their annual trip to northern California. On the whole, the regular monthly meetings in this district are well attended, the scientific programs are entertaining and instructive, and the physicians are extremely interested in the problems of organized medicine.

Respectfully submitted,

Frank A. MacDonald, *Councilor,
Eighth District.*

NINTH COUNCILOR DISTRICT

Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma, and Trinity Counties

To the President and the House of Delegates:

Due to illness, I was unable to attend the Council meeting of February 23, 1941, in San Francisco, or the Secretaries' meeting of February 22, 1941. During the fall of 1940, it was my pleasure to meet with the Mendocino-Lake Society at Willits on August 17, 1940; the Marin County Society on August 22, 1940, and in October; and the Sonoma County Society on June 15, 1940, while the meetings of the Napa and Solano County Medical Societies were attended several times.

The most outstanding of these meetings was the Tri-County meeting at Napa, at which President Harry Wilson was the speaker of the evening, and at which he showed us an entirely new side to his character when he discussed very intimately his "Psychology of Living."

Another extremely interesting meeting was that at Mare Island Hospital on June 11, 1940, when the naval medical officers entertained 118 guests at dinner and enjoyed a paper on "Naval Aviation," presented by Captain R. G. Davis, Medical Corps, United States Navy. His talk was followed by several reels of films of the highlights of training our naval aviators, as well as their physical examinations. According to present plans, during March I shall visit the Siskiyou Society at Yreka and the Humboldt County Society at Eureka.

Dr. L. L. Stanley's meeting for the Marin County Society at San Quentin prison was also a very pleasant and instructive visit. We were fortunate to have the genial doctor take us through the hospital in the afternoon. The making of an "artificial eye" at the evening session, and Doctor Stanley's operation for nasal deformities was particularly interesting, as well as his method of giving orchic substance.

Siskiyou County members have asked me to discuss the present policies of the California Medical Association at their meeting in March.

No serious difficulties have been encountered during the first year of my term as councilor of the Ninth District.

Respectfully submitted,

John W. Green, *Councilor,
Ninth District.*

III

REPORTS OF COUNCILORS-AT-LARGE

To the President and the House of Delegates:

Your councilor-at-large has attended meetings regularly during the year. He has presided at the meetings of the Council, has kept in touch with the Society's state-wide medical plan, and the local San Francisco Health Service. As chairman of the Council, he has presided at meetings.

Respectfully submitted,

Philip K. Gilman, *Councilor-at-Large.*

To the President and the House of Delegates:

As a councilor-at-large of the California Medical Association, I have attended all of the Council meetings, actively participated in the various meetings, attended the Secretaries' Conference, and served on the Auditing Committee.

Respectfully submitted,

Elbridge J. Best, *Councilor-at-Large.*

To the President and the House of Delegates:

During the past year, in my function as councilor-at-large, it has been my very pleasant duty and privilege to visit a number of the component societies in the interior valleys.

I met with the Kern County Society at Bakersfield, Tulare County Society at Visalia, Fresno County Society at Fresno, and the Sacramento County Society at Sacramento. A terrific storm, blocking traffic, prevented my attendance at a meeting of the Butte County Society at Chico.

I have also endeavored to keep my own San Joaquin County Society fully informed as to the problems of organized medicine and the legislative activities, as well as the progress and scope of California Physicians' Service.

It has been a pleasure to cooperate with the secretary-editor, Dr. George H. Kress, and the new executive secretary, Mr. John Hunton, and the members of the Council in the sincere endeavor to wisely solve the many problems before us.

Respectfully submitted,

Dewey R. Powell, *Councilor-at-Large.*

To the President and the House of Delegates:

I have attended all of the meetings of the Council and have engaged in the deliberations of this body. I have been happy to give my support in the reorganization of the Association offices, thereby affecting a considerable saving. It is my feeling that by this reorganization the efficiency of the office and the personnel has been increased without sacrificing any of the ideals or principles of our professional organization. The possibility for a strong public relations activity is tremendously increased without increasing our expenses, but rather at a considerable saving over previous expenditures for such activities.

Respectfully submitted,

E. Earl Moody, *Councilor-at-Large.*

To the President and the House of Delegates:

It has been my pleasure to attend all of the Council meetings in the past year, and to keep the members in my locality informed regarding the problems facing the Association and its membership.

Respectfully submitted,

Edward B. Dewey, *Councilor-at-Large.*

To the President and the House of Delegates:

In addition to the ordinary routine Council work, your councilor-at-large from San Diego, in cooperation with the State officers, arranged a program in Coronado in the early part of February, on Military Medical Preparedness. In addition, he has participated in the activities of the Post-graduate Committee for the local organization.

Respectfully submitted,

S. J. McClendon, *Councilor-at-Large.*

IV
REPORTS OF STANDING COMMITTEES

EXECUTIVE COMMITTEE

Executive Group

Charles A. Dukes, Chairman
 Harry H. Wilson, President.
 Henry S. Rogers, President-Elect.
 Charles A. Dukes, Past President.
 Lowell S. Golin, Speaker, House of Delegates.
 Philip K. Gilman, Chairman of the Council.
 John W. Cline, Chairman, Auditing Committee.
 Donald Cass, Chairman, Committee on Public Relations.
 George H. Kress, Secretary-Treasurer and Editor.

To the President and the House of Delegates:

Meetings of the Executive Committee have been held on June 29, 1940; September 15, 1940; October 21, 1940; December 13, 1940; and January 26, 1941.

Abstracts of the minutes of these meetings have been published in CALIFORNIA AND WESTERN MEDICINE. I would like to express at this time, as I retire from the Council, my appreciation of the honor and confidence you have placed in me.

The California Medical Association is made up of a great group of men and women, and this is known all over these United States.

Respectfully submitted,

Charles A. Dukes, *Chairman.*

AUDITING COMMITTEE

Executive Group

John W. Cline, Chairman, 1941
 Elbridge J. Best, 1941 Charles A. Dukes, 1941

To the President and the House of Delegates:

The Auditing Committee has performed the functions laid down in the by-laws. The professional audit of the Association books showed them to have been accurately kept. The Auditing Committee has submitted its recommendations for the 1942 budget.

Respectfully submitted,

John W. Cline, *Chairman.*

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

Executive Group

John V. Barrow, Chairman, 1943
 Edwin L. Bruck, 1941 Willard H. Newman, 1942

To the President and the House of Delegates:

Much of our committee functions and status remains as it was a half-dozen years ago.

We are three in number, from widely separated areas. It has been impractical to meet and carry on any concentrated efforts. Each member accepts his own assignment and endeavors to function as his opportunity permits. The Committee has and can have no initiative. It must wait for orders from the State Council. Repeatedly we have aided and advised with the Woman's Auxiliary, the Nurses' Association, and the technician groups. We remain at the service and the order of the Council.

Respectfully submitted,

John V. Barrow, *Chairman.*

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Executive Group

Roy E. Thomas, Chairman, 1941
 William Dock, 1942 J. C. Geiger, 1943

To the President and the House of Delegates:

The members of the Committee on Health and Public Instruction have held no regular meeting during the past

year, and the Council has not referred any matters for special study. One investigation that was taken up by the Committee was later assumed by the Council, so that the Standing Committee was relieved of further responsibility.

Respectfully submitted,

Roy E. Thomas, *Chairman.*

COMMITTEE ON HISTORY AND OBITUARIES

Executive Group

Frank R. Makinson, Chairman, 1941
 J. Marion Read, 1942 Secretary ex officio
 Hyman Miller, 1943 Editor ex officio

To the President and the House of Delegates:

The Committee on History and Obituaries regrets that it is not able to report much progress as regards the collection and compilation of historical data bearing upon the past of the California Medical Association and its component societies. The fact that our State Association, approaching now almost a century of existence, possesses so little information concerning its past is not to the credit of so prominent a constituent state unit of organized medicine as is the California Medical Association.

If historical studies are to be made, it will be necessary for the Council to allocate funds for such purpose. Your committee believes it would be a very proper procedure if the Council would earmark a certain sum each year that could be used at the discretion of the Committee on History and Obituaries in the collection of historical memorabilia. If that were done, the work of compilation of at least a skeleton history of the California Medical Association could be started.

The Committee was happy to note in the report on the reallocation of duties of the two headquarters' secretaries that to the Association's Secretary had been allocated, as one of his special activities, the collection and compilation of historical material. To permit him to function in that capacity, however, it will be necessary to make funds available to the Committee on History, and it is recommended that such an appropriation be made. Those who come after us will probably cast severe criticism on us if we fail to initiate these historical studies.

During last year, a total of seventy-eight members of the California Medical Association gave up their earthly labors. In each issue of the OFFICIAL JOURNAL, the names of those of our colleagues who have passed on to other labors have been given, and your committee, to their memory, again adds to this report their names.

Respectfully submitted,

Frank R. Makinson, *Chairman.*

In Memoriam

Alameda County

Lemuel P. Adams (October 27, 1940)
 Herbert Clarence Bolstad (June 29, 1940)
 Silas J. Brimhall (January 30, 1940)
 Austin Fisher Clarke (August 18, 1940)
 Arthur Wellesley Foshay (January 13, 1940)
 Charles Espy Mordoff (May 7, 1940)
 Francis Marion Shook (December 27, 1940)

Butte-Glenn County

Percy Lee Hamilton (May 9, 1940)

Fresno County

John Hibbard Pettis (January 28, 1940)
 Roland B. Tupper (October 30, 1940)

Kings County

Elmer C. Bond (July 8, 1940)

Los Angeles County

Frank C. Ainley (March 16, 1940)
 Harvey Alfred Berkes (October 30, 1940)
 De Witt Clinton Bryant (July 1, 1940)

Ernest Madison Burns (August 20, 1940)
 George Merriman Burrall (January 14, 1940)
 George E. Campbell (February 14, 1940)
 Guy Hunt Cochran (October 7, 1940)
 William Cole (July 9, 1940)
 Joseph D. Condit (July 5, 1940)
 Clarence Sylvester Cook (May 8, 1940)
 Philip Schuyler Doane (April 27, 1940)
 Vernon Offutt Heddins (December 11, 1940)
 Fred Lamerton Horton (December 25, 1940)
 Walter Leslie Huggins (April 18, 1940)
 George Frederick Juenemann (December 10, 1940)
 Henry I. Leviton (November 11, 1940)
 Sven Richard Lokranta (March 11, 1940)
 Edward Nelson McKee (December 22, 1940)
 Robert Warren Miller (August 6, 1940)
 Albert William Moore (January 20, 1940)
 Homer G. Rosenberger (August 15, 1940)
 Ihil Rubinstein (September 2, 1940)
 Walter B. Schwuchow (September 3, 1940)
 Alfred James Scott, Jr. (April 17, 1940)
 Leon Shulman (September 14, 1940)
 Donald Wallace Skeel (October 11, 1940)
 Frederick A. Speik (June 30, 1940)
 Harry Douglas Thompson (July 3, 1940)
 Howard L. Updegraff (August 8, 1940)
 Hyman Israel Vener (May 23, 1940)
 Allan M. Wilkinson (February 1, 1940)

Merced County
 William Sullivan (September 3, 1940)

Napa County
 Edward C. Love (January 18, 1940)

Orange County
 Danforth C. Cowles (August 28, 1940)

Sacramento County
 John Herbert Leimbach (December 1, 1940)

San Bernardino County
 Everett A. MacDonald (August 3, 1940)
 Henry Wiedow (December 17, 1940)

San Diego County
 Martin Flaherty Bancroft (March 11, 1940)
 Henry A. Barclay (January 24, 1940)
 John E. Jennison (August 19, 1940)
 George Barrow Worthington (August 12, 1940)

San Francisco County
 Walter Whitney Boardman (February 11, 1940)
 Adelaide Brown (July 29, 1940)
 Philip K. Brown (October 28, 1940)
 Louis C. Deane (October 17, 1940)
 Herman V. Hoffman (November 16, 1940)
 Sol Hyman (March 14, 1940)
 Robert F. Kile (January 31, 1940)
 Laurence Taussig (February 11, 1940)
 Robert Beverly Taylor (September 15, 1940)
 Tilton E. Tillman (December 5, 1940)

San Joaquin County
 Ernest L. Blackmun (March 3, 1940)
 William W. Fitzgerald (July 7, 1940)
 Edmund Frost (July 26, 1940)
 Barton Jerome Powell (January 15, 1940)

San Mateo County
 Aaron Friedman (November 29, 1940)

Santa Barbara County
 Nathaniel H. Brush (October 21, 1940)

Santa Clara County
 Clyde Benson Conger (December 18, 1940)
 Norbert Joseph Gottbrath (June 20, 1940)
 David N. Roberg (February 20, 1940)
 Fred Short Ryan (December 1, 1940)
 James Ward Slattery (January 19, 1940)

Shasta County
 Harold Rowland Whiteside (September 8, 1940)

Tehama County
 Ernest E. Thompson (July 19, 1940)

Tulare County
 Roy Newton Fuller (December 15, 1940)
 Ward Clifton Zeller (September 26, 1940)

Yuba-Cutter-Colusa County
 Ney M. Salter (April 13, 1940)

COMMITTEE ON HOSPITALS, DISPENSARIES, AND CLINICS

Executive Group

J. Norman O'Neill, Chairman, 1942
 George I. Dawson, 1941 Benjamin W. Black, 1943

To the President and the House of Delegates:

Is Los Angeles UNDERHOSPITALIZED?

From a study of the following figures it would appear that Los Angeles is facing a shortage of beds in approved private hospitals.

I. Population Growth

City of Los Angeles

Year	Population
1930	1,238,048
1940	1,504,277

County of Los Angeles

1930	2,208,492
1940	2,785,643

II. Number of Beds in Approved Private Hospitals

Beds

Year	Beds
1930	2,882
1940	3,032

One hundred and fifty additional beds to take care of the additional three hundred thousand people who have come to the city of Los Angeles between the years 1930 and 1940 seems hardly adequate. There are many sections in California, particularly in the South, that are faced with an acute shortage of beds in approved private hospitals. This condition is particularly acute in Los Angeles, Burbank, Huntington Park, and San Diego. Such a situation has been brought on by the following factors:

1. The rapid growth of this territory and, in certain sections, the Defense Program.
2. In Los Angeles there has been no major construction, in so far as private approved hospitals are concerned, since 1930.
3. Private hospital facilities have become available to more people because of the increase in group hospitalization.

What shall hospitals do about this condition? Hospital authorities might answer by saying: "What is the *public* going to do about it?"

Twenty years ago Los Angeles faced a similar situation. Many hospitals were private stock corporations, and people were just becoming cognizant of the fact that these hospitals should be nonprofit community enterprises. Through the co-operation of the churches and the public, many transitions were made from private to church or nonprofit ownership. It was the power of public opinion and the press which served as an impetus for new modern hospital facilities, and a great cry went out against the many fire-trap hazards of existing institutions. Hospitals under this public pressure secured loans either by mortgages or bond issues and built adequate facilities.

Today we are faced with a similar situation from the standpoint of an inadequate number of beds. However, the economic picture is very much different. Hospitals can no longer be financed on borrowed money. What, then, is the solution? It would seem that the solution is for the public to furnish the funds. They are the ones benefited by adequate hospital facilities and, if the funds are furnished, the burden will not be upon the sick people to pay interest and sinking funds on loans. Older Eastern communities learned this lesson years ago, and citizens were educated to support their hospitals by gifts for construction and endowments so that hospitalization could be furnished with less expense to the sick.

Los Angeles, as a young rapidly growing community, is probably just now growing old enough to realize that during the years of optimism, promotion, and rapid growth, it never considered seriously its vital community needs. Therefore, the answer to adequate hospitalization would seem to be for the hospitals, the press, and the public to join in an educational campaign so that the growth of Los

Angeles will return to the community that which is rightfully due the community, namely, adequately financed and endowed nonprofit hospitals. When this comes to pass there will not again be heard, as were heard in the twenties, the cries of those whose loved ones died because of inadequate hospitalization.

If for none other than selfish reasons, the medical profession should take heed lest the public and the press insist on some other method of furnishing hospitalization. This would probably be done by municipal or other governmental agencies. The end-result would be detrimental to both the public and the progress of scientific medicine, because scientific medicine was in a better position to withstand criticism in the twenties since state medicine was then two decades farther away.

A study of inadequate hospitalization incites practical questions from practical people, and the author here states a few questions that have been put to him. "Are we really underhospitalized?" "Is not our Defense Program vastly more important now than building more private hospitals?" "Would not our present supply of hospital beds be adequate if doctors used them intelligently?" "Are there not many patients hospitalized who could just as well be cared for in the homes?" "What percentage of hospital beds are taken up by medical cases?" "Does not one of America's foremost obstetrician's state that the majority of obstetrics can be done in the home?" "Is it not true that Dr. X, who is a prominent internist, hospitalizes most of his patients to avoid the inconvenience of making house calls?" "Have we not oversold the public on the idea of hospitalization merely for our own convenience?" And by the same token the author has been asked whether or not a pneumonia patient does not need hospitalization as badly as a patient with acute appendicitis. One of our leading internists says "No." He states that a pneumonia patient can be as successfully treated in the home as in the hospital, while no one expects a surgeon to perform an appendectomy on the kitchen table. It might be interesting to note that a survey of private hospitals indicates that approximately 25 per cent of adult patients admitted in any one year are medical cases.

Inasmuch as hospitals as a whole are not profitable institutions and, therefore, hesitate to increase their burden of indebtedness by enlarging their facilities, it would seem that more coöperation should be encouraged between private hospitals and approved convalescent homes. Patients would then be able to shorten their hospital stay by being transferred to a convalescent home to make room for other patients awaiting hospitalization. It would seem that such an arrangement would go a long way toward relieving the present shortage of hospital beds.

Respectfully submitted,
J. Norman O'Neill, *Chairman.*

COMMITTEE ON INDUSTRIAL PRACTICE
Executive Group

Donald Cass, Chairman, 1942
Morton R. Gibbons, 1941 George H. Sanderson, 1943

To the President and the House of Delegates:

Our committee has had no formal meetings this year. There has been no major problem to be discussed.

We were suddenly acquainted with a proposed legislative enactment suggested by the Industrial Accident Commission, whereby, under the Compensation Act, hospital records would be thrown open and available to persons injured and to those representing injured employees. Inasmuch as this would permit meddling and prying into hospital records by lay people, and provide an opening for unscrupulous attorneys to try to promote legal controversy, and whereas the Industrial Accident Commission already provides for subpoena of hospital records that are desired and pertinent on a case, we were able to have this

proposed legislation headed off and discarded. This was done mainly through our San Francisco office and Dr. Morton Gibbons.

There has been some correspondence relative to physical examinations in industry and in industrial schools. Blank forms have been sent to provide suitable physical examination, as well as to those who are about to undertake various types of industrial work in order to prevent the physically handicapped from attempting types of employment for which they are not sufficiently qualified.

The subject of a complete schedule of fees for compensation work was discussed with the Industrial Accident Commission, and further discussion will be continued on this subject.

Controversies relative to fees to be paid on industrial cases have arisen during the year, but they have all been ironed out.

Respectfully submitted,
Donald Cass, *Chairman.*

COMMITTEE ON MEDICAL DEFENSE

Executive Group

George G. Rehle, Chairman, 1941
William J. Van Den Berg, 1942 Lewis T. Bullock, 1943

To the President and the House of Delegates:

Your Committee on Medical Defense can only emphasize principles and procedures that have been discussed in considerable detail in reports of previous years.

Attention may be called to the value of the pamphlet "A Brochure on Medical Defense," which was brought off the press under the auspices of the Committee on Public Relations last year. A copy of the thirty-page brochure was mailed to every member of the California Medical Association. A reserve supply is on hand in the headquarters' office of the Association, and members who desire copies may secure the same by writing to the headquarters' office at 450 Sutter Street, San Francisco.

In that brochure, a form of amendment to county society by-laws was suggested, providing for the appointment of a Committee on Grievances. The Committee on Medical Defense is impressed with the valuable work which a Grievance Committee can perform, and as an example points to the excellent record made in recent years by such committees of the Los Angeles and Alameda Medical Associations.

The precautions which every physician and surgeon should observe in practice, as outlined in the brochure, are worthy of perusal, not once, but as many times as may be needed, to practically memorize the essential procedures. Forewarned is being forearmed.

Your Committee on Medical Defense shares with members of the Association regret that commercial insurance carriers in California have found it necessary to increase premium costs year after year, while at the same time the amount of coverage is materially reduced. The explanation put forward by the commercial insurance carriers is that the adverse judgments by courts and juries make such high premium rates necessary, if they are to remain in business in California. At the present time, only one or two commercial insurance carriers are operating in a large way in our state. A considerable number of members who desire additional coverage have been obliged to secure the same through a foreign, or so-called surplus line company. It is important, if such surplus line certificates are purchased, that what is known as the "broad form" be demanded by physicians.

Attention may also be called to the organization maintained by members of the California Medical Association under the name, "Medical Society of the State of California," through which payments may be secured from that organization to cover charges made by personal attorneys. In past years, members who have been affiliated with

the "Medical Society of the State of California" have found the advantages of membership in this separate organization to be more than worth while.

In conclusion, the Committee on Medical Defense would urge every component county society to give careful consideration to the important problems and issues which are involved in malpractice actions brought against physicians and surgeons. Let us not forget that in this field of medical practice "an ounce of prevention may be worth a pound of cure."

Respectfully submitted,
George G. Reinle, *Chairman.*

COMMITTEE ON MEDICAL ECONOMICS
Executive Group

John H. Graves, Chairman, 1941
L. W. Hines, 1942 Edward C. Pallette, 1943

To the President and the House of Delegates:

At the present time, problems in medical economics concern medical practice more than ever before, as witness the recurring and persistent attempts to promote compulsory health insurance and similar legislative expressions.

Important problems in medical economics are receiving constant and careful attention by the Council of the California Medical Association. The members of the Committee on Medical Economics maintain a special interest in such problems and, when occasions indicate, we communicate with the headquarters' office.

This committee would impress upon the county societies that at least once a year, and if necessary more often, opportunity should be provided at county medical meetings for a discussion of pertinent issues that are related to medical economics. Only through unified outlook and procedures will it be possible for the medical profession to solve some of these problems. If proper attention is not given to these matters, it is quite within the realm of possibility that serious changes in methods of medical practice may take place.

Respectfully submitted,
John H. Graves, *Chairman.*

COMMITTEE ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS
Executive Group

L. R. Chandler, Chairman, 1942
B. O. Raulston, 1941 Fred H. Kruse, 1943

To the President and the House of Delegates:

Your Committee on Medical Education and Medical Institutions has had no special business referred to it and has held no meetings during the present fiscal year.

Respectfully submitted,
L. R. Chandler, *Chairman.*

COMMITTEE ON MEMBERSHIP AND ORGANIZATION
Executive Group

George D. Maner, Chairman, 1941
Dewey R. Powell, 1942 A. J. Cooper, 1943

To the President and the House of Delegates:

Your committee notes with pride the efforts being made by the county units to bring into membership all eligible physicians in their respective territories. It will be necessary more than ever to continue these efforts in the future in view of the loss of members called to active military service.

The total active membership of the California Medical Association as of December 31, 1940, was 6,621.

See secretary's report for detailed information on members.

Respectfully submitted,
George D. Maner, *Chairman.*

COMMITTEE ON POSTGRADUATE ACTIVITIES

Executive Group

Dwight L. Wilbur, Chairman, 1943
F. E. Clough, 1941 H. E. Henderson, 1942
Secretary ex officio

To the President and the House of Delegates:

The objectives and program of the committee and the requirements set up for a successful conference as noted in the report of last year are unchanged. Attention should be called to the importance of an aggressive and understanding chairman of local arrangements in the establishment of a successful clinical conference. In those counties in which successful clinical conferences are held each year, the success of them is due principally to the energy and interest of a single individual who has constantly stimulated them.

During the past year clinical conferences or discussions, under the auspices of the committee, have been held for sixteen county societies. In addition to this, and for the first time there was held a clinical conference for the Eighth Councilor District at Lake Tahoe on August 25 and 26, 1940. Attention also should be called to a two-day symposium in military medicine which was held at Coronado on February 1 and 2, 1941, with the coöperation of the San Diego County Medical Society and of officers of the Army and the Navy.

In addition to conferences regularly sponsored by the committee or by county or district medical societies, attention should be directed to certain other special opportunities for postgraduate training offered to members of the California Medical Association by the medical schools of the state, by the California State Board of Public Health, and by the San Francisco Heart Committee. These include:

1. Courses for general practitioners: Various Aspects of Chronic Diseases, June 3 to 6, 1940, given at the University of California Hospital.

2. Postgraduate medical courses for practicing physicians, given by the Stanford University School of Medicine, September 9 to 13, 1940, at the Stanford Medical School, in coöperation with the San Francisco Department of Public Health and the San Francisco Hospital.

3. Postgraduate refresher courses in pediatrics and obstetrics, sponsored by the California State Department of Public Health (Social Security Act), and under the auspices of the University of California Medical School, July 8 to 20, pediatrics; July 22 to 27, obstetrics; July 29 to August 10, pediatrics. Additional courses have been planned for a subsequent period.

4. Eleventh annual postgraduate symposium: San Francisco Heart Committee, San Francisco, November 26 to 29.

5. Courses for general practitioners: The Clinical Aspects of Dermatology, University of California Medical School, January 6 to 8, 1941.

It is earnestly hoped that these opportunities for postgraduate instruction will be continued and that they will receive increasing support by members of the California Medical Association.

The following conferences have been held since the date of the last report:

County Society	Place	Date	Type of Meeting
			1940
Humboldt	Eureka	Mar. 14, 15	Clinical Conference
Eighth Councilor District	Lake Tahoe Tavern	Aug. 24, 25	Clinical Conference
Monterey }	Salinas	Oct. 3	Clinical Conference
Santa Cruz }	and Hotel		
San Benito	Del Monte		
San Joaquin	Stockton	Oct. 17, 24, 31	Lecture Series
		Nov. 14, 28	
		Dec. 19	

nations for license) to 10, and provides those years of practice must have been in the United States or Canada.

Assembly Bill 1475 is a reciprocity bill providing that foreign graduates applying for examination must show that an American will be admitted to examination in the country from which the foreign graduate comes, on the same basis that the foreign graduate is admitted to examination in California.

Compensation Bills.—There has been no action on the various bills to amend the Workmen's Compensation Act. These bills include provisions for free choice of physician; right to make copies of all medical and hospital records; permit chiropractors and drugless physicians to treat compensation cases, etc. All bills are still in committee.

Dentistry.—Assembly Bill 1148, relating to absence of pupils from school for dental services, and sponsored by the two State Dental Associations, passed the Assembly on Monday, after a long and rather bitter debate.

The bill is now before the Senate Committee on Education, where representatives of the Department of Education and the Teachers' Associations will again oppose it.

Emergency Vehicles.—Assembly Bill 690, giving vehicles of physicians answering emergency calls the privileges of emergency vehicles, and which was sponsored by the California Medical Association, was given a preliminary hearing on Tuesday before the Assembly Committee on Motor Vehicles. It is being amended to meet objections that were raised in the committee and will be given a further hearing at a later date.

County Hospitals.—Assembly Bill 1037, the "county hospital bill," has been amended by the author, Assemblyman McCollister, and will be given a committee hearing on April 2. Committee tabled the bill.

Health Insurance.—Senate Bill 645, the compulsory health insurance bill, was scheduled for committee hearing on April 2. Senator Kenny, author of the bill has already had this bill tabled.

Drugless Physicians.—Assembly Bill 1854, giving drugless physicians the right to make premarital examinations, was given a committee hearing but failed to receive approval.

Optometry.—Senate Bill 1125, authorizing city councils and county boards of supervisors to employ optometrists, was tabled by the Senate Committee on Public Health and Safety on March 25.

Pharmacy.—Senate Bill 428, sponsored by the Retail Druggists' Association and the State Board of Pharmacy, which virtually rewrites the Pharmacy Act, will be given committee hearing on April 3.

Injuries at Birth.—Senate Bill 302, mentioned in a previous bulletin, was given a "do pass" recommendation by the Assembly Judiciary Committee, by the narrow margin of one vote. It is now on the floor of the Assembly for vote, where considerable opposition is being manifested.

Practical Nursing.—At the Friday morning meeting of the Assembly Committee on Medical and Dental Laws, Assembly Bill 1426, sponsored by practical nursing groups and schools, was tabled. The committee gave favorable recommendation to Assembly Bill 1915, sponsored by the California State Nurses' Association. None of the other bills pending before this committee were considered, due to lack of time.

California Physicians' Service.—Three bills introduced, Assembly Bills 562, 563, and 2148. The first numbered has passed both houses of the Legislature. Assembly Bill 563 is now up for hearings, and Assembly Bill 2148 will not be pushed if the other two are passed.

Naturopathy.—Since the enclosed bulletin was written, the Senate Committee on Business and Professions has sent to the floor of the Senate for vote, Senate Bill 977, by Senator Swan of Sacramento. This is the same old "Naturopathic Board Act," which has been repeatedly

rejected by the Legislature and was decisively defeated by vote of the people as an initiative.

This bill is not sponsored by Naturopaths but by another group of cultist practitioners who seek to gain by legislation many of the rights and privileges of Doctors of Medicine. It is unnecessary by reason of the fact that drugless practitioners who fit themselves by required study are now eligible to examination for license by the State Board of Medical Examiners.

It would permit these people by law (not by education) to use "herbs" (drugs) in treating the sick and afflicted; to diagnose all human ailments; use the term "N. D." and have within the scope of their license the same rights and privileges under laws relating to public health as are accorded all practicing physicians. The bill sets up *on paper* an elaborate course of instruction totaling 4,050 hours, including obstetrics, among other subjects. The Chairman also wishes to express his appreciation for the helpful guidance of Dr. J. B. Harris, and the kindly assistance of Dr. Anthony B. Diepenbrock and Dr. Edward T. Remmen. Thanks are also due to the California Public Health League and its secretary, Mr. Ben Read, for efficient aid.

In conclusion, and as already stated, the Committee on Public Policy and Legislation desires to express its deep appreciation for past coöperation and to ask the continued support of all members of the profession.

Respectfully submitted,

DWIGHT H. MURRAY, *Chairman.*

COMMITTEE ON PUBLIC RELATIONS

Donald Cass, Chairman

Roy E. Thomas, Chairman, Committee on Health and Public Instruction.

J. Norman O'Neill, Chairman, Committee on Hospitals, Dispensaries, Clinics.

Donald Cass, Chairman, Committee on Industrial Practice. George G. Reinle, Chairman, Committee on Medical Defense.

George D. Maner, Chairman, Committee on Membership and Organization.

John H. Graves, Chairman, Committee on Medical Economics.

Dwight H. Murray, Chairman, Committee on Public Policy and Legislation.

Charles A. Dukes, Chairman, Cancer Commission.

Dwight L. Wilbur, Chairman, Committee on Postgraduate Activities.

Harry H. Wilson, President of California Medical Association.

Henry S. Rogers, President-Elect.

George H. Kress, Secretary.

To the President and the House of Delegates:

The Committee on Public Relations had only one formal meeting during the past year. At that time considerable work was outlined, and the detail of follow-up work has been done mainly by correspondence.

The major function of the committee has been to correlate various interested groups and to arrange details of the final draft of the Basic Science Initiative. We have had excellent coöperation and help from the Dental Association, and the Committee on Public Relations wishes to thank Dr. Ernest Sloman for his very intelligent coöperation and help.

The Basic Science Initiative is, we feel, in its present state far superior to any similar initiative that has been proposed or put into effect in any other state. Every individual word and item in our proposed initiative has been carefully scrutinized and discussed by the committee and by our legal counsel. It contains material which will, when passed, assure the public of the State of California that anyone who practices the healing art in any form will be an intelligent person with a ground work of those basic sciences which are necessary to a beginner's knowledge in human physiology and anatomy.

Needless to say, we are rather proud of our efforts. The draft has been accepted by the Council, and from now on

the Committee on Public Health Education will set the wheels in motion to actively accumulate signatures on petitions so as to get this on the ballot at the earliest possible time and with the least expense that can be incurred.

The Committee on Public Relations has been active in detail work. A consideration of the subject of expert testimony and expert witnesses has been undertaken. We have found that the Bar Association of the State of California, as well as the United States Bar Association, is at the present time working to re-code laws of evidence and testimony and court procedure. The subject of expert testimony, where it covers not only medical testimony, but the testimony of other types of experts, has been thoroughly investigated, and we know that we shall be able to cooperate with the local Bar Association and obtain some instructive information relative to the use of expert witnesses in both criminal and civil procedures.

As chairman of the Committee on Public Relations, I feel that I would be remiss if I did not urge that this committee be continued. The public relations activity of the California Medical Association has been considerably enlarged; details worked out by the Committee on Public Health Education have been very profitable; and working as an advisory group to the Council and Executive Committee of the California Medical Association, the Committee on Public Relations is a strong entity, representing as it does a cross-section of the entire Association that has been used in the past and can be used in the future as one of our strongest working committees.

It has been a pleasure, as chairman of this committee, to have been a member of the Council for the past year and also of the Executive Committee of the California Medical Association. So much instructive, far-reaching progress has been made in our public relations through Public Relations counsel, through the head office of the California Medical Association, and through a program designed to bring public relations of the State Society into closer contact with our National Defense Program, that we feel time will indicate this committee's functions to be a very important integral part of the central office of the California Medical Association.

Respectfully submitted,
Donald Cass, *Chairman.*

**CANCER COMMISSION
Executive Group**

Charles A. Dukes, Chairman, 1943
Lyell C. Kinney, Vice-Chairman, 1943
Otto H. Pfleuger, Secretary, 1943
Orville N. Meland, 1941
A. Herman Zeller, 1941
Clarence J. Berne, Secretary for Southern Section, 1942
Henry J. Ullmann, 1942
Gertrude Moore, 1941
Alson R. Kilgore, 1942

To the President and the House of Delegates:

The Cancer Commission wishes to report concerning two activities:

1. The Women's Field Army of the American Society for the Control of Cancer is a national organization of women whose main purpose is to raise funds for public educational work in cancer. Each year in April, designated as "Cancer Control Month," there is a drive for funds. New members are solicited on the payment of one dollar for membership, and larger and smaller donations are also solicited. These funds up to the present have been used for lay educational work, and 70 per cent of the funds so raised are expended in the locality in which they are obtained, the rest going to the national organization. At the request of the officers of this organization, members of the Cancer Commission are acting this year as an Executive Committee for California. Excellent organization work is being done under the leadership of Mrs. Henry Ullmann, Santa Barbara, as state commander. The place

of the medical man in this program is twofold. First, all talks to lay audiences must be given by medical men only, and, in so far as possible, by members of the local county medical society unless otherwise desired, in which case the local society should invite other medical speakers. In the second place, it behoves each practitioner to be always alert concerning the possibility of cancer so that it may be diagnosed in its earliest stages. This program very definitely has brought many more people to the doctor in the earlier stages of cancer. The Cancer Commission, therefore, supports this program and asks that all local societies coöperate, in so far as possible, in this program, since they will be called upon to help in organization work and in presentation of facts to the public.

2. Clinical activities. The Cancer Commission continues to sponsor annual meetings on the Sunday before the State meeting. Three meetings were sponsored at Coronado at the last State meeting, all being very well attended. The clinical session on cancer, which is a comparatively new project, was especially well attended, for which we must pay tribute to the members of the Commission in the South and their Committee on Arrangements. We should like to inform everyone that the cost of sending a separate invitation to each member of the County Medical Association was paid by these men, and their interest is, therefore, apparent. An all-day meeting was also held in Los Angeles, in December, for pathologists.

Three meetings are again being sponsored for Del Monte—the meeting for pathologists, radiologists, and the clinical session. The first two are for specialists, the last for all others who desire to attend. Since the early diagnosis of cancer and consequent curability depends, in the main, upon the practitioner who first sees the patient, it behoves each one of us to be as fully aware as possible of the early signs and symptoms of cancer and to consider it in all differential diagnosis. The clinical session this year is from 1 to 5 p. m., and will be on "Cancer of the Lung," presenting mainly early signs and symptoms, diagnosis, differential diagnosis, and pathology. This program is being arranged by very prominent men in this field, and it is hoped that a large number will avail themselves of this excellent opportunity. We trust, too, the radiologists will combine their afternoon session with that of this meeting, as we are especially anxious that this meeting be very well attended. We would appreciate that the secretaries of the county medical societies, if possible, would inform the Secretary of the Cancer Commission of the approximate numbers that may attend from each society so that we may have some idea of the arrangements that will have to be made.

Respectfully submitted,
Otto H. Pfleuger, *Secretary.*

V
**REPORTS OF SPECIAL AND COUNCIL
COMMITTEES**

COMMITTEE ON LOCAL ARRANGEMENTS*
Executive Group

R. E. Brown
G. Gray
Mast Wolfson, Chairman
H. R. Lusignan
O. C. Marshall
H. H. Ray

To the President and the House of Delegates:

Your committee welcomes you to the Circle of Enchantment, where beauty abounds.

The golf courses will be in perfect condition for the tournament in May. All those interested in golf should bring along their clubs and enjoy playing on any or all of the four noted championship courses on the Monterey Peninsula. Par can be beaten!

* For other information concerning entertainment, see page 178.

Catchy strains of music at tea time will be played in the new lounge. After dinner, dancing will be specially featured this year. Here you can try out your art in any of the old-time or new modern dances.

For those who like deep-sea fishing, we can assure you it will be better and deeper than ever this year. (We have had some rain, too!) Speed boats, etc., may be had for those who just enjoy boating. Glass-bottom boats are available for those interested in the submarine gardens near by.

Fine tennis courts, ping-pong tables, table tennis, croquet courts, and the Roman Plunge are here for your pleasure and exercise. Please bring your tennis shoes and swimming suits if you go in for these sports. Nearby are new, well-run bowling alleys and skating rinks. There are several areas where one may go on beautiful bridle trails on well-trained saddle horses. At the Gun Club, one may go trap shooting or skeet shooting. There is a range for pistol shooting, too. Here one of the colorful exponents of the art of trap shooting is in charge—Colonel O. N. Ford. Instructors are here for all the sports, if needed.

Art galleries and local artists of national fame can be visited in Carmel and Monterey by those interested.

Polo matches take place on Sunday afternoons at the Del Monte Polo Field.

We trust that your time here will be filled with pleasure, both outdoors and indoors. Many special features have been arranged to accomplish this end.

Respectfully submitted,
Mast Wolfson, *Chairman.*

COMMITTEE ON PUBLIC HEALTH EDUCATION

Executive Group

Frank R. Makinson, Chairman	Samuel Ayres, Jr.
P. K. Gilman	Lowell S. Golin
Thomas A. Card	George H. Rohrbacher
Junius B. Harris	
Harry H. Wilson (ex officio)	

To the President and the House of Delegates:

I have the honor of submitting the following report of the activities of the Committee on Public Health Education. Since our last report to you, the Committee has held five meetings, either at the California Medical Association headquarters in San Francisco or in Los Angeles. The meetings have been well attended, and a sincere effort has been made on the part of the Committee to do its job. It has worked in close coöperation with the Committee on Public Policy and Legislation, of which Doctor Murray is chairman. Since the reorganization of the headquarters of the California Medical Association, it was deemed advisable and expedient to discontinue the services of Mr. Ross Marshall, our Public Relations counsel. This work is being very ably taken over and conducted by Mr. Hunton, our new executive secretary. It was felt by all immediately concerned that the work could be well carried on from the California Medical Association headquarters and thereby effect some measure of economy.

There is at this time a genuine demand over the state generally for a syndicated medical column to be put out by this committee. A proposal has been presented to the Council of the California Medical Association for its approval, whereby such a syndicated health column may be offered to the publishers of the state. It is proposed to do this by making Mr. Berl Ben Meyr of Los Angeles an employee of the Committee. He seems to possess a native genius for expressing himself accurately from a scientific point of view, yet, in a language which is easily comprehended by the layman. He is the author of "The Story of Microbes," and the celebrated Einstein wrote the introduction of this volume. Professor Kolmer of the Uni-

versity of Pennsylvania, the Chairman of the American Medical Association, and other critical reviewers, have signified their approval of his last volume, "Your Own True Story"; both volumes indicating a wide grasp of the subject of medicine and indicating a proper fitness for this work.

Speaking Engagements.—Beginning in November, 1939, the Committee actively advocated the formation of speakers' bureaus by all county medical associations or the re-establishment of those bureaus which were inactive. The advantages of furnishing doctor-speakers to discuss medical topics of interest to the public, including medical economics and the attempts to regiment medicine, were stressed. A set of fifty medical talks on a variety of subjects was furnished each county association for the use of speakers.

The California Federation of Women's Clubs and California Congress of Parents and Teachers were contacted in all the branches and urged to call upon their local county medical association for speakers. Many speaking engagements resulted from this effort. Some were arranged by the Committee, many more directly by the county associations, but an enumeration of these is impossible as the various secretaries of the speakers' bureaus, with few exceptions, have not reported such speaking engagements to the Committee.

Ascertaining that there were almost one hundred adult forums under the auspices of the adult education classes in evening high schools in California, and that advocates of compulsory medicine were taking advantage of these forums to present their arguments to these groups, the Committee communicated with forum leaders, informing them that it was prepared to send medical speakers who would be glad to participate in discussions on designated subjects. In addition, all secretaries of speakers' bureaus were given lists of the adult education forums so that they could contact them for the purpose of placing speakers before them.

During April of 1940, the Committee mailed to all speakers' bureaus two booklets, "Organized Payments for Medical Services," and "Notebook of Sickness Insurance, State Medicine, and the Cost of Medicinal Care," and copies of the new compulsory medical care initiative that was expected to be placed on the November, 1940, ballot. Early in the year 1940, a survey was made to determine whether or not *Hygeia* was being placed in the libraries of the colleges over the state. Happily, we find that *Hygeia* was on the list of many of them, and it was placed in the remaining libraries at one-half the regular subscription rate. All such subscriptions have again been renewed for 1941.

In December, 1939, the Committee sent to every member of the California Medical Association a return postcard questionnaire to show the organization affiliations of members. This was for the purpose of facilitating the expected campaign against the compulsory medical care initiative. Only slightly more than 1,600 of these cards were returned bearing the desired information, and while this response fell short of expectations, the information received should be of great value in conducting the proposed campaign on behalf of a Basic Science initiative. Incidentally, the information on these cards was requested by the Los Angeles and San Diego counties Medical Associations for use in their speakers' bureaus' programs and was furnished to them.

Medical Literature for College Students.—The Committee received information that students in some colleges apparently did not know the difference between doctors of medicine and various cultist practitioners, in cases listing names of cultist practitioners on their college entrance cards. The Committee secured American Medical Associa-

ation pamphlets on various medical subjects designed to enlighten the readers, and made the literature available to the students at Pomona, Scripps, and Claremont Colleges, the distribution being under the supervision of the college physicians. This distribution started in May, 1940, and the conclusion was reached in November that the results justified a continuation and extension of this work. The Committee, at this time, is arranging to make such pamphlets available to students in other colleges. The University of Southern California has recently been supplied.

Recommending Medical Literature to School and Public Libraries.—A subcommittee was appointed by the Committee to recommend medical literature to school and public libraries, and has carried on this work during the past eighteen months.

High School and Junior College Essay Contest.—In April, 1940, the Committee launched an essay contest, offering cash prizes for students in high schools and junior colleges. The subject selected was "The Rôle of the Doctor of Medicine in the Life and Health of the American People." This contest was approved by the State Board of Education, and the Principals of these schools and the student bodies of all eligible schools were notified. The contest closed on November 15, 1940. Entries were received from almost every section of the state, and were referred to a subcommittee for judging.

Scenario Contest.—The Committee, in August, 1940, authorized a motion-picture scenario contest, with cash prizes, in order to secure for production a one-reel, portable, sound-motion picture, in which the development and scientific advancement and practical application of the medical profession would be indicated. The purpose was to obtain a picture which could be exhibited over a period of many months before school children, parent-teacher groups, women's clubs, and various men's organizations.

Tuberculosis.—In April, 1940, the Committee, through its public relations counsel, conferred with members of the San Bernardino County Medical Association on ways of handling a tuberculosis cure that was being greatly publicized in that county. We are glad to report that the situation was remedied to the satisfaction of the members of the medical profession.

Newspaper Publicity.—Issuance of newspaper publicity stories on behalf of the medical profession throughout the period from August 1, 1939, to date. This briefly can be summarized as follows:

State-wide story on the word of Doctors of Medicine in the Agricultural Workers' Health and Medical Association program;

Stories of county society activities in postgraduate courses held in San Bernardino, Riverside, Orange, Fresno, and Kern counties;

Stories against compulsory medical care;

Stories on medical subjects;

Stories on the essay and scenario contests;

State-wide stories on development of California Physicians' Service, at intervals during the past eighteen months, and special stories for magazines and house organs;

State-wide and additional San Francisco and Los Angeles stories during March and April, 1940, for the annual fund-raising campaign for the American Society for the Control of Cancer;

Extensive publicity program for the Los Angeles County Medical Association Health Exposition at Shrine Auditorium, material being sent to all newspapers and over the radio in Los Angeles County during December, 1940, and January, 1941;

Publicity for the "Human Eye" exhibit at the Golden Gate International Exposition.

The Public Relations Counsel also handled the press at the annual California Medical Association Convention at Coronado in May, 1940, and a great deal of publicity throughout California resulted, some stories receiving a national distribution.

Contacts with Newspapers Other Than Publicity.—The Public Relations Counsel attended the California Newspaper Publishers' Association's annual convention at Coronado in January, 1940, during which several misunderstandings on the part of publishers regarding the medical profession were clarified, the conference resulting in improved relations between the two professions.

The Public Relations Counsel cleared up a difference of opinion between the Los Angeles County Medical Association and the newspapers of that county in regard to advertising cards, the misunderstanding having existed for three years.

The Committee arranged for representation in the news bulletin devoted to legislative activities that is sent to all newspapers in California. As a result, some good publicity against compulsory medical care was disseminated. This service is being continued in 1941.

California Physicians' Service.—The Public Relations Counsel, during the past eighteen months, gave publicity service to the California Physicians' Service when requested, without interfering with his obligations to the California Medical Association. In addition to stories, he worked with national magazines, endeavoring to secure publicity for California Physicians' Service; and prepared radio scripts for California Physicians' Service programs, and newspaper stories on the growth and activities of California Physicians' Service. Bulletins were prepared for medical publications, telling developments in California Physicians' Service. The latest release was that concerning the Farm Security—California Physicians' Service contract. The Public Relations Counsel influenced the staff of the California Newspaper Publishers' Association's main office to join California Physicians' Service.

Radio.—The set of medical talks provided by the Committee has been used for a weekly program over station KWG in Santa Rosa, under the auspices of the Sonoma County Medical Association.

The Committee has pending, negotiations with other radio stations throughout the state for broadcasting medical talks, approved by the American Medical Association, as part of the program of Public Health Education.

It is recommended that the Committee defray necessary charges of sending medical exhibits to the various county fairs over the state, such as transportation. Experience in other states leads us to believe that the state and county fairs may be used to great advantage in public health education.

Respectfully submitted,

F. R. Makinson, *Chairman.*

COMMITTEE ON AID TO NEEDY MEMBERS

Executive Group

Axcel E. Anderson, Chairman Robert A. Peers
Elizabeth M. Hohl

To the President and the House of Delegates:

The Committee on Aid to Needy Members has continued its activities to complete, as far as possible, the census of needy members begun last year. On October 6, 1940, the California Medical Association Council instructed the Committee to proceed with efforts to secure funds and carry out recommendations, as made by this committee at the 1940 annual meeting, to the House of Delegates.

The Woman's Auxiliary has been enlisted to help secure money for aid to our needy, and has already made some

contributions. In a report to the meeting of County Medical Society Secretaries, an appeal was made for active support of this project. The need of voluntary donations and bequests was explained. By order of the Council, a separate banking account has been established in order to keep these funds intact.

In connection with a more detailed report to the House of Delegates, the Committee will ask for instructions to the Council for the allocation of a dollar per member from the annual dues for the fund for needy members.

Respectfully submitted,
A. E. Anderson, *Chairman.*

DELEGATES AND ALTERNATES TO THE AMERICAN MEDICAL ASSOCIATION

<i>Delegates</i>	<i>Alternates</i>
Elbridge J. Best..... (1940-41)	Robert S. Stone
Lyell C. Kinney..... (1940-41)	Bon O. Adams
Lowell S. Goin..... (1940-41)	Roy E. Thomas
Edward N. Ewer..... (1941-42)	Frank R. Makinson
Edward M. Pallette, Sr. .. (1941-42)	William H. Kiger
Robert A. Peers..... (1941-42)	Frederick N. Scatena
William R. Molony, Sr. .. (1941-42)	John C. Ruddock
Henry S. Rogers..... (1941)	Philip K. Gilman

To the President and the House of Delegates:

Attending the House of Delegates of the American Medical Association in New York, June 10 to 14, 1940, representing the California Medical Association, were: E. M. Pallette; F. R. Makinson, alternate for G. G. Reinle; C. A. Dukes, alternate for R. A. Peers; and F. F. Gundrum; W. R. Molony; E. J. Best; B. O. Adams, alternate for L. C. Kinney; and L. S. Goin.

The Speaker of the House appointed E. J. Best on Reference Committee on Medical Education; C. A. Dukes on Reference Committee on Amendments to Constitution and By-Laws; and E. M. Pallette on Reference Committee on Executive Session. Doctor Goin was active in aiding the Reference Committee on Amendments to Constitution and By-Laws to recommend the appointment of a committee of five to study the rewording of Principles of Medical Ethics, although this was later voted down by the House.

Carrying out instructions from the California House of Delegates, the California delegation introduced the resolution regarding care of needy physicians, but it was not approved. The reasons given were: (1) time-consuming, (2) each state should care for its own, and (3) expense.

The American Medical Association House of Delegates accepted the California delegates' invitation to hold the 1943 convention in San Francisco.

As 1940 was the year for reapportionment of delegates, the accepted reapportionment gave California an additional delegate, making a total of eight. California is now fourth in number of delegates.

Respectfully submitted,
Elbridge J. Best, *Delegate.*

COMMITTEE ON LIFE MEMBERSHIP PLAN

Executive Group

Robert A. Peers, *Chairman* G. W. Walker

To the President and the House of Delegates:

Since the Coronado meeting in 1940 there has been no necessity for a meeting of our committee.

The amendment to the Constitution, permitting life membership, will come before the House of Delegates at the Del Monte meeting in May. Your committee urges support of this plan.

Respectfully submitted,
Robert A. Peers, *Chairman.*

VI

**REPORTS OF SCIENTIFIC SECTIONS:
ANNUAL SESSION PROGRAMS**

COMMITTEE ON SCIENTIFIC WORK

Executive Group

George H. Kress, Chairman, ex officio	Howard F. West, 1942
J. Homer Woolsey, 1941	E. Richmond Ware
Fletcher B. Taylor, 1941	Frank J. Breslin

To the President and the House of Delegates:

In this issue* appear the programs of the four general sessions, and many meetings of the twelve scientific sections; also lists of scientific exhibits and of medical and surgical films.

These programs were worked out by the California Medical Association Committee on Scientific Work, in conference with the officers of the scientific sections. An inspection of the programs will reveal the considerable amount of thought and work their preparation involved.

For the excellent coöperation rendered by the section officers—in particular the section secretaries—the California Medical Association Committee on Scientific Work wishes to express its thanks. Reports from each of the section secretaries, which follow, give additional information.

All who have had responsibilities in the preparation of the programs join in hoping they will measure up to the best standards, and that those who attend the meetings will feel that their time was well spent.

Respectfully submitted,
George H. Kress, *Chairman.*

SECTION REPORTS: SEQUENCE

1. *General Medicine*
2. *General Surgery*
3. *Obstetrics and Gynecology*
4. *Eye, Ear, Nose, and Throat*
5. *Anesthesiology*
6. *Dermatology and Syphilology*
7. *Industrial Medicine and Surgery*
8. *Neuropsychiatry*
9. *Pathology and Bacteriology*
10. *Pediatrics*
11. *Radiology*
12. *Urology*

SECTION ON GENERAL MEDICINE

Russel V. Lee, *Chairman*
Garnett Cheney, *Vice-Chairman*
E. Richmond Ware, *Secretary*

To the President and the House of Delegates:

As in recent years, the program of the Section on Medicine has been arranged with a view to making it of a somewhat general nature. One meeting is devoted to a symposium on blood disorders, a second meeting will be held in conjunction with the Section on Neuropsychiatry, and the third, on Wednesday afternoon, will contain a group of papers on a diversity of subjects. This year, for the first time, panel discussions will be held on Thursday afternoon, when a representative group of men will discuss two pertinent subjects—Intestinal Obstruction, and Care of the Aged. We plan to have both of the guest speakers, Dr. Waltman Walters of Rochester, Minnesota, and Dr. Robert F. Loeb of New York City, attend these informal conferences. The nature of the subjects to be reviewed, and the men participating, should command a good attendance, even though it represents the last item on the program.

* For general meetings, see page 165. For programs of scientific sections, see pages 165-175.

Doctor Loeb will conduct the clinical-pathological conference the latter part of Tuesday morning in conjunction with Dr. Alvin Cox of San Francisco. Two interesting cases have been selected for this meeting. As in former years, printed abstracts will be distributed to the audience.

A review of the program of the Section on General Medicine will show that the therapeutic aspects of a variety of subjects are to be presented, and it is hoped that this will prove to be of particular benefit to all practitioners of medicine.

Respectfully submitted,
E. Richmond Ware, *Secretary.*

SECTION ON GENERAL SURGERY

George K. Rhodes, *Chairman*
Frank J. Breslin, *Secretary*
Theodore C. Lawson, *Assistant Secretary*

To the President and the House of Delegates:

The Section on General Surgery, through its officers, is going to present a program which should be of general interest to doctors in the several fields of medicine. The program will run from May 5 to 8, 1941, inclusive.

On May 5, there will be a combined meeting with the Sections on Surgery, Pediatrics, and Roentgenology. On May 7, a combined meeting will be held with the Section on Medicine. At this meeting the guest speakers for both the Surgical and the Medical Sections will participate.

A new departure will be inaugurated in that on the afternoon of May 8 there will be two panel discussions: The first panel will be in charge of the chairman of the Surgical Section, and there will be an internist, roentgenologist, and both of the guest speakers. The second panel will be in charge of an internist, and the collaborators will be an internist, psychiatrist, roentgenologist, pathologist, and both of the guest speakers. Three programs will be given over to the technical side of surgery before the Surgical Section.

Respectfully submitted,
Frank J. Breslin, *Secretary.*

SECTION ON OBSTETRICS AND GYNECOLOGY

William Benbow Thompson, *Chairman*
C. F. Fluhmann, *Vice-Chairman*
Norman H. Williams, *Secretary*

To the President and the House of Delegates:

At this year's meeting provision has been made for three sessions: on Monday, Tuesday, and Wednesday afternoons. The first is to be a symposium in conjunction with the Section on Bacteriology and Pathology, on Endocrine Tumors in the Female, and will be in the nature of a round-table discussion. At the following two sessions there are gynecological and obstetrical subjects, about equally represented. Pregnancy tests for the past two thousand years will be reviewed, the newer aspects of the management of tuberculosis complicated by pregnancy, the significance of obstetrical mortality in California, hazards incident to multiparity, and the use of ergonovine intravenously at the end of the second stage of labor are to be considered. From the gynecological standpoint the headliners are imperforate hymen, the artificial vagina, hydatidiform mole and chorionepithelioma, uterine polyps, and pain resulting from rupture of the graafian follicle cysts.

In his presidential address on Wednesday afternoon, Doctor Thompson expects to deal with the newer aspects of obstetrical education.

Respectfully submitted,
Norman H. Williams, *Secretary.*

SECTION ON EYE, EAR, NOSE, AND THROAT

Harry J. Wiley, *Chairman*
Ferris L. Arnold, *Vice-Chairman*
Warren D. Horner, *Secretary*

To the President and the House of Delegates:

We believe that the program of the Eye, Ear, Nose, and Throat Section should be practical and of general interest. We have not only selected volunteer papers with this idea in mind, but we have requested the presentation of a major number of set papers on subjects of merit.

The coöperation of the members in both groups has been of the best. It appears that we have achieved a more rounded program than would have been possible from volunteer papers alone.

Respectfully submitted,
Warren D. Horner, *Secretary.*

SECTION ON ANESTHESIOLOGY

Charles F. McCuskey, *Chairman*
Karolina B. Jump, *Secretary*

To the President and the House of Delegates:

The anesthesiology program has been completed and abstracts have been forwarded. Meetings are scheduled for Monday afternoon, May 5, and Tuesday afternoon, May 6. Both meetings begin at 1:30 p. m.

Ten papers, including the Chairman's address, will be given. The Section programs give detailed information.

Respectfully submitted,
Karolina B. Jump, *Secretary.*

SECTION ON DERMATOLOGY AND SYPHILIOLOGY

Harry J. Templeton, *Chairman*
Harry P. Jacobson, *Vice-Chairman*
Frances A. Torrey, *Secretary*

To the President and the House of Delegates:

The first session will be devoted particularly to dermatologic subjects of practical importance in diagnosis and treatment. The second session is planned to present the most recent developments in the control and treatment of syphilis. A symposium on the histopathology of the more common skin diseases has been arranged for Wednesday afternoon. A special invitation is extended to the members of the Section on Pathology to attend this meeting and to any others who are interested.

Respectfully submitted,
Frances A. Torrey, *Secretary.*

SECTION ON INDUSTRIAL MEDICINE AND SURGERY

John S. Stephens, *Chairman*
Wilbur J. Cox, *Vice-Chairman*
John D. Ball, *Secretary*

To the President and the House of Delegates:

An effort has been made this year to give medical problems, as well as surgical conditions which arise in the field of industry, a place on the program. Getting away from the symposium idea, a rather diversified group of subjects will be discussed. Of particular interest will be the paper on treatment of injuries in wartimes, due to our mobilization, which is now taking place. No discussants have been designated, but, as has been the custom in this Section, discussions and questions from the floor will be in order.

Respectfully submitted,
John D. Ball, *Secretary.*

SECTION ON NEUROPSYCHIATRY

R. B. Raney, Chairman
James A. Cutting, Secretary

To the President and the House of Delegates:

Inasmuch as it was felt that the combined session of General Medicine and Neuropsychiatry proved very successful last year, a similar program has been arranged this year. In this combined meeting, papers of general interest in both fields have been stressed.

In the regular Section meeting, papers will be read dealing more particularly with specific problems of neuro-psychiatry.

Respectfully submitted,
James A. Cutting, *Secretary.*

SECTION ON PATHOLOGY AND BACTERIOLOGY

John W. Budd, Chairman
Roy W. Hammack, Secretary
Jesse L. Carr, Assistant Secretary

To the President and the House of Delegates:

Members of the Section on Pathology and Bacteriology assemble the day before the opening of the meeting of the California Medical Association for the Tumor Conference, held under the auspices of the Cancer Commission.

On the first day of the annual session, the Section will hold a joint meeting with the Section on Obstetrics and Gynecology. This meeting will consist of a round-table on the Endocrine Tumors of the Ovary, which will entail a discussion of both the clinical and the pathological features of these peculiar tumors.

On the next day, Tuesday, May 6, there will be a meeting of the Section, at which papers dealing with pathology and clinical pathology will be presented.

Respectfully submitted,
Roy W. Hammack, *Secretary.*

SECTION ON PEDIATRICS

William W. Belford, Chairman
John J. Miller, Jr., Secretary
Louis M. Earle, Assistant Secretary

To the President and the House of Delegates:

The pediatric program has been completed and most of the abstracts forwarded.

Eight papers will be presented before our Section alone, and five papers will be given before the joint meeting of the Surgery, Radiology, and Pediatrics Sections.

Respectfully submitted,
J. J. Miller, *Secretary.*

SECTION ON RADIOLOGY

Carl H. Parker, Chairman
Wilbur Bailey, Secretary
J. M. Robinson, Assistant Secretary

To the President and the House of Delegates:

One of the sessions of the Section on Radiology will be a combined meeting with the Sections on Pediatrics and Surgery. At this meeting, problems of common interest will be discussed.

Two motion-picture films of general interest, "Moving X-rays" and "Exploring with X-rays," will be projected late Tuesday morning. Among other recent refinements, these films show moving pictures of the image on the fluoroscopic screen.

Respectfully submitted,
Wilbur Bailey, *Secretary.*

SECTION ON UROLOGY

Lyle G. Craig, Chairman
Edward W. Beach, Secretary

To the President and the House of Delegates:

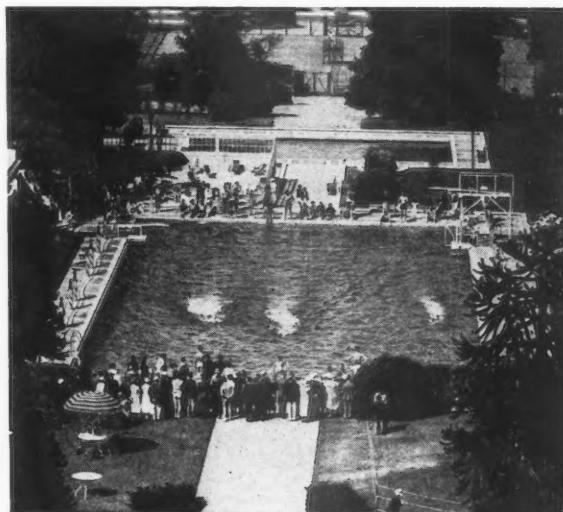
The Section on Urology will hold meetings on Monday afternoon, May 5, and Tuesday afternoon, May 6, respectively. A total of fourteen scientific papers will be presented at these two sessions.

We have striven this year to treat especially of those phases of Urology having universal appeal—to the general practitioner and urologist alike. To this end we have selected a diversified program with wide connotation, and are stressing particularly the more practical aspects of those subjects under consideration. Moreover, we have invited a number of general practitioners to officially participate in our program. Such an approach should profit both contingents, because an opportunity is offered thereby to contrast the general man's perspective with the specialist's viewpoint, and hence to perfect a workable relationship.

The scientific subjects chosen this year are timely and streamlined to meet modern requisites. Furthermore, several of the papers are based upon original research work or independent surgical perspicacity. Newer procedures and surgical maneuvers to be recounted should prove invaluable to the general surgeon as well as to the progressive urologist.

All members and visitors attending these Section meetings will be invited and urged to take part in the general discussion so that all may be benefited by a mutual exchange of opinion and experience.

Respectfully submitted,
Edward W. Beach, *Secretary.*



POOL AT DEL MONTE

CALIFORNIA AND WESTERN MEDICINE

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Francis E. Toomey, Chairman	Oakland 1941
G. W. Walker	San Diego 1942
Secretary-Editor, ex officio	Fresno 1943

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Change of Address.—Request for change of address should give both the old and the new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles; Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

	PAGE
Editorials	208
Editorial Comment	211
Original Articles: Scientific and General	212
Clinical Notes and Case Reports	227
California Medical Association	230
Council Minutes	230
Committee on Medical Preparedness	233
Committee on Postgraduate Activities	234
County Societies: Membership; In Memoriam	236
Woman's Auxiliary	237
California Physicians' Service	238
News	240
Letters	246
Twenty-Five Years Ago; State Examining Board	252

EDITORIALS[†]

PRE-CONVENTION BULLETIN: NOW INCORPORATED AS PART OF THE APRIL ISSUE OF THE "OFFICIAL JOURNAL"

Bulletin Supplement Discontinued.—During the last decade, the "Pre-Convention Bulletin," containing reports of officers and committees of the California Medical Association, and also programs of both the general and twelve scientific sections, has appeared as a supplement of the April issue of CALIFORNIA AND WESTERN MEDICINE. This year, under instructions from the California Medical Association Council, the supplement will be discontinued; the essential information contained therein being given place in skeleton outlines in the regular text of this issue of the OFFICIAL JOURNAL. (See pages 153-207.)

* * *

Convention Programs Will Be Mailed to All Members.—The complete program for the coming annual session will be printed as heretofore, but separately, and instead of being given only to those who register, will be mailed to every member of the Association. This program will contain the abstracts of papers to be presented by the more than 100 essayists whose papers were accepted by the Section Officers and Program Committee.

* * *

Reports of Officers and Committees.—Reports of officers and committees appearing in this current issue will be struck off in reprint form for the convenience of members of the House of Delegates, since that body will be called upon to consider the progress announcements and recommendations submitted. It has been estimated that the new plan can be carried through at about the same or perhaps a lesser cost than the Supplement arrangement. The Council will appreciate being informed as to whether the changed procedure meets with the commendation of members of the Association.

DEL MONTE ANNUAL SESSION: MONDAY, MAY 5 TO THURSDAY, MAY 8, 1941

Members Are Urged to Attend.—During recent months, informative items have appeared in each issue of CALIFORNIA AND WESTERN MEDICINE

[†] Editorial on subjects of scientific and editorial interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

calling attention to the programs of scientific meetings and to other activities connected with the annual assembly. The comment here made is practically the last call to the seventieth annual session. All members who can arrange their work to permit attendance and participation in these general sessions and scientific meetings, therefore, are urged to make every effort to do so.

* * *

Four Morning Sessions.—The plan of exclusively allocating the morning meetings for general sessions which was inaugurated last year, met with such favorable response, that most probably it will henceforth be followed. The programs, in brief outlines, follow:

On Monday morning, reports of the President and other officers and associated agencies will be given; this being the time when the work of organized medicine will be emphasized;

On Tuesday morning, papers and discussions on topics and studies related to internal medicine will have first place; the session concluding with the Clinical-Pathological Conference in which guest speakers will take part;

On Wednesday morning, a series of papers sponsored by the Section on General Surgery will be presented, and

On Thursday morning, subjects on medical preparedness will be brought forward, with participation by high ranking officers of the medical corps of Army and Navy, who will direct attention to phases of their work and needs.

* * *

Tuesday Afternoon Entertainment Feature Is Discontinued.—The plan in vogue for so many years, of having no scientific meetings on Tuesday afternoon—in order to provide for entertainment features—has been discontinued. Experience has shown that the designated interlude for recreation and pleasure was a distinct inconvenience to those who found it possible to attend only a part of the session, since the arrangement not infrequently permitted them to be present at only one of the meetings of the specialty in which they were particularly interested.

Accordingly, the twelve scientific sections of the Association will hold meetings on two or more of the four afternoons, the large sections on general medicine and general surgery holding conferences on Monday, Tuesday and Wednesday afternoons, and bringing their four-day series to a close on Thursday afternoon with a program in which joint panel discussions will be held.

* * *

Guest Speakers, Films and Exhibits.—Guest speakers for the General Sessions come from Columbia University, New York (Robert F. Loeb, M. D., of the Department of Practice of Medicine); Mayo Foundation, Rochester (Waltman Walters, M. D., of the Surgical Section); Tulane University, New Orleans (John H. Musser, M. D., of the Department of Medicine). These well-known mem-

bers of the profession will present papers and take part in both the general and section meetings.

On each of the four mornings, medical and surgical films will be displayed, a different film going on the screen at the beginning of each half-hour.

Scientific exhibits by members of the Association, as well as by public health agencies and other affiliated bodies, will add to the interest and value of the meetings.

The technical-commercial exhibits will be in greater evidence than in any previous year, and likewise will challenge careful attention.

For many weeks all space at the headquarters, Hotel Del Monte, has been spoken for. In the January issue of *CALIFORNIA AND WESTERN MEDICINE*, on page 30, information was given concerning the hotels on the Monterey peninsula. In the current issue, on page 251 appears a map showing the location of most of the hotels, and this may be a convenient reference for those who are making their first acquaintance with one of the most alluring sections of California.

The Woman's Auxiliary will have its headquarters at Del Monte Lodge, but registration facilities will be maintained also at Hotel Del Monte.

* * *

Special Meetings on Sunday, May 4.—For a considerable number of members, the annual session work will really commence on Sunday, May 4, at which time various study groups in radiology, pathology, and cancer work will hold their meetings.

The County Society Secretaries and the Council will also hold meetings on Sunday.

* * *

Complete Program Will Be Mailed to All Members.—Besides the skeleton list of papers, given on pages 165-175 of this issue, the full program, containing abstracts of all papers and other information, will be mailed to each member as soon as possible. Inspection and perusal of these are urged and suggestions requested. Above all, however, the Council and section officers urge that every effort be made by members to be present, if only for one or two days of the session, that they may actually take a personal part in the scientific, organization and fraternal conferences.

CALIFORNIA LEGISLATURE: STATUS OF PENDING MEASURES

Present Status of Legislation.—Whatever else may be stated concerning the extra tension in these days of national emergency, it may be said that up to the time of this writing, prospective legislation dealing with public health and medical standards has pursued its course with less heat and excitement than in several previous sessions of the California Legislature.

In the March number, on pages 135-137 was given a list of the large number of proposed laws having implications that indicate more or less intimate relationship to public health and scientific medicine. Comment is made concerning several of

the measures in other reports which appear in this issue.*

Just how strenuous a battle will later occur in connection with the State Administration's compulsory health act cannot be foretold. Unless signs are at fault, the bill will probably fail of enactment, and so will not be placed on the Governor's desk for signature. That does not mean, however, that its proponents will abate in their efforts to have such a law enacted in California.

The two measures sponsored by the House of Delegates at Coronado, in May, 1940 (pound law, and physicians' privileges on highways), failed to receive favorable committee consideration, and their fate is accordingly sealed, so far as the present legislative session is concerned.

In the list of bills printed in last month's issue are several that are worthy of special observation, and their course at Sacramento will be carefully followed by the Committee on Public Policy and Legislation.

Full reports concerning the status of the various measures will be given at Del Monte, probably at the Monday morning meeting, and also to the House of Delegates. Delegates will thus be able to transmit all information to component county societies.

MEDICAL PREPAREDNESS

Education of Medical Students an "Essential Profession."—At a time when the Government is making more than strenuous efforts to emphasize the need of a full-time output in "essential industries," it seems strange that the important rôle and place which medical men occupy in all armies and navies that are 100 per cent efficient, seemingly should not be properly appreciated by the constituted governmental and military authorities. For, under the present conditions, in a five-year military plan (and five years may be a minimum period) the United States will be dealing with armed forces comprehending a standing army of at least 1,500,000 men in service each year, with a possible four or more million to be inducted before the five-year set-up is put into practical operation.

* * *

Army, Navy, "Essential Industry" Citizens, and Civil Population, All Require Well-Trained Physicians and Surgeons.—The havoc and demoralization, not only of the armed forces (but of men and women in the "essential industries," and of the millions of fellow citizens in civil life who are blood relatives to men in the Army and Navy), which could accrue through medical supervision that was lacking either in quality or quantity, or both, is something that must appall every physician who has given any thought thereto.

* * *

Medical Students Worthy of Deferment Classification.—It is granted that it may be possible to take some 8,000 physicians from civil

practice and transplant them into military service without calamitous results of an immediate nature as regards the civilian population.

But not to safeguard the steady graduation and accession of well-trained physicians, year by year, for the next decade or so, through recognition of the eligibility of students in Class A medical schools to be placed in a deferment class, with as much right as men who are in "essential industries," is difficult to understand.

All are agreed that certain occupations related to production of war materials should be in the "essential industries" group. But, with the same reasoning and with as great or greater right, so also should medical students be placed in an "essential profession" group. Assuredly, the health and lives of our soldiers should be construed as quite as vitally important for conservation as is the uninterrupted output of war appliances and ammunition. If this fact is not realized, the day will come when citizens will rue their lack of foresight.*

POSTGRADUATE COURSES IN CALIFORNIA

Increasing Interest in Postgraduate Courses. Continuation or postgraduate work in California, as judged by the progress made in several states, may be said to be still in its infancy cycle. It is true that progress has been made in California, and during this last year, the increased interest in postgraduate courses has been particularly heartening. Especially so, since the component county societies that were the pioneers in the movement, are the very ones now giving to the postgraduate work its additional impetus. The conclusion to be drawn is that once the advantages of clinical, postgraduate or refresher courses have been demonstrated to county medical society members, the demand for continuation of the work makes itself evident. The Third Councilor District, for example, which held a postgraduate conference in Santa Barbara on March 29, will sponsor another refresher course this fall to be held in Bakersfield.

* * *

Every County Society Should Have a Postgraduate Committee.—In recent issues of the OFFICIAL JOURNAL, brief mention has been made of county societies coöperating in these important activities. The hope is again expressed that every county society will appoint, as one of its standing groups, a postgraduate committee. The California Medical Association Postgraduate Committee, 450 Sutter, San Francisco, invites correspondence from every county society that has not yet taken up the work. The Central Office will be glad to advise and coöperate in fullest measure and requests the opportunity to be of service. If your society does not have a postgraduate committee, why not take steps to provide for its appointment at your next meeting?

* See Council report and minutes, pages 183 and 230.

AMERICAN MEDICAL ASSOCIATION TRIAL: JURY'S VERDICT

Press dispatches from Washington, D. C., under date of April 4, stated that the trial of the American Medical Association and other defendants on charges of antitrust law violation had come to an end. Reference was made to the trial in the March issue of *CALIFORNIA AND WESTERN MEDICINE*, on page 104; and as the current number is in press it is possible to give only a brief additional item. *The Journal of the American Medical Association*, in which transcripts of the trial proceedings have been appearing, will probably give other information concerning Justice James M. Proctor's instructions to the jury. It is gratifying to know that officers of the American Medical Association and other medical societies were acquitted. The case will no doubt be appealed.

News dispatch follows:

Split Verdict Convicts American Medical Association, Clears Doctors

Washington, April 4 (AP).—A Federal court jury tonight found the American Medical Association and the Medical Society of the District of Columbia guilty of antitrust law violation, but acquitted eighteen individual defendants in the case. The jury had deliberated eleven hours.

The Government charged that the two organizations and the individual physicians interfered with operations of Group Health Association, a co-operative organization giving medical service for a monthly fee.

Justice James M. Proctor told the jury that individual physicians had the right to refuse consultation or assistance asked by the physicians of Group Health, and also that they had the right of "legitimate criticism . . . either separately or by collective effort."—*San Francisco Examiner*, April 6, 1941.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 230.

EDITORIAL COMMENT[†]

LOCAL TISSUES IMMUNITY

The possibility, recently suggested in the popular press, of direct immunization of the brain and spinal cord by subdural injection of killed poliomyelitis virus, renders the general theory of local tissue immunity of current clinical interest.

Historically, theories of acquired tissue immunity have been developed around two main hypotheses. First, around the concept originally championed by Ehrlich, which assumes that specific antibodies are but desquamated, preformed "side-chains," "receptors" or specialized chemical components hereditarily present in each and every

tissue of the animal body. Any tissue cell thus becomes a logical source of specific antibodies. Local vaccines would be logically effective if injected into any parenchymatous tissue.

The accumulated contradictions and inconsistencies in laboratory and clinical research, however, eventually led to an almost unanimous discard of this preformist theory. The newer theory assumes that specific antibodies are new-formed (*i. e.*, non-hereditary) humoral or cellular components specifically synthesized to combat deleterious environmental factors. Antibodies are thus conceivably formed by some specialized defensive endocrine, rather than by each and every cell of the body. Earlier attempts to confirm this hypothesis by ablation methods, chemical extraction of special tissues and by colloidal blockade, however, did not yield fully convincing evidence.

Much of the experimental evidence pointed to the reticulo-endothelial tissues as the sole or dominant antibody-forming tissues. Attempts to prove specific antibody formation by the spleen, lymph glands, bone marrow, and other reticulo-endothelial structures, however, almost invariably yielded inconclusive results. As early as 1898, for example, Pfeiffer and Marx¹ titrated the bacteriolysins in aqueous extracts of the spleens of intravenously immunized rabbits, and at times found the splenic titer higher than that of the blood stream. Since splenic mobilization of intravenously injected antibodies was subsequently demonstrated, their data were not sufficient to prove antibody formation in the spleen.

Among the most ingenious later experiments are those reported about five years ago by McMasters and Hudack² of the Rockefeller Institute. These investigators injected mice intradermally in the two ears with two different bacterial antigens, and after varying time intervals titrated the specific agglutinin content of the regional lymph glands. They found an earlier appearance and a higher titer of homologous agglutinins in the homolateral lymph gland, the homolateral titer at times being higher than that of the blood stream. Although their data did not rule out the possibility of a selective mobilization of humoral antibodies, it strengthened the belief that specific agglutinins are synthesized in regional lymph nodes.

A much more convincing method of attack is currently reported by Hartley³ of the University of Chicago, who devised a method of local tissue vaccination that would prevent antigenic spread to other parts of the body. He found that intradermal injection of dilute aluminum hydroxide gel stimulated the local formation of cutaneous nodules. These nodules consisted predominately of macrophages, which were found to be actively phagocytic to locally injected carbon particles (dilute India ink).

In order to prevent antigenic spread, living vaccinia virus was adsorbed to aluminum hydroxide gel, and the infected gel injected directly into the

[†] This department of *CALIFORNIA AND WESTERN MEDICINE* presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

¹ Pfeiffer, R., and Marx: *Zeitschr. f. Hyg.*, 272, 1898; *Deutsch. med. Woch.*, 24:47, 1898.

² McMasters, Philip D., Hudack, Stephen S.: *Jour. Exp. Med.*, 61:783, 1935.

³ Hartley, George, Jr.: *Jour. Infect. Dis.*, 66:44, 1940.

macrophagic nodules. The virus-laden gel was rapidly engulfed by the local phagocytes. Four days later the animals were sacrificed by air embolus, the vaccinated nodules removed, frozen in liquid nitrogen, ground to an impalpable powder, and extracted at ice-box temperature in ten volumes of physiologic sodium chloride solution. The 10 per cent extracts thus obtained were centrifuged and filtered through a Seitz asbestos pad to remove any residual vaccinia virus. The filtrates were then titrated for virucidal properties.

Titrations from nineteen rabbits showed that 0.05 cubic centimeters of the 10 per cent tissue extract almost invariably continued at least four virucidal units, each unit being defined as the amount necessary to neutralize one infectious skin dose of homologous vaccinia virus. This is equivalent to 1,000 extractable virucidal units per gram of macrophagic tissue. Control tests showed that in seven of the locally vaccinated rabbits no trace of virucidal action was demonstrable in the undiluted blood serum, nor in control extracts from the spleen, liver, or bone marrow. The conclusion seems warranted that the vaccinated skin nodules were the sites of formation of the virucidal antibodies. This is the first unequivocal evidence of specific antibody synthesis by local reticulo-endothelial tissues.

But many immunologists believe that it eventually may be shown that other tissue cells of the animal body are capable of specific immunologic adaptations. They recognize, however, that this belief is based on an earlier and now generally discarded preformist theory, and that macrophagic immunity is the only type of local tissue immunity thus far fully established by experimental evidence. Until this proof is available, direct vaccination of the brain and spinal cord will remain a pure biologic gamble.

P. O. Box 51.

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Stanford University.

The rapid decline in tuberculosis mortality rates has been due mainly to lessening in the incidence of infection. Among those infected, the toll, though diminished, is still appalling. Mortality statistics, morbidity reports, autopsy examinations, tuberculin tests, and x-ray surveys indicate that about half of all infected individuals develop clinical tuberculosis, and that from 10 to 20 per cent of them eventually die of the disease. The high risk of disease and death due to infection by the tubercle bacillus justifies increased efforts for its prevention.—Emil Bogen, M. D., *American Review of Tuberculosis*, August, 1940.

Selection of Blood Bank Donors.—Only those persons who have been born in this country and who have never lived in districts where malaria is prevalent should be used as donors for blood banks, Ernest F. Gordon, M. D., Yonkers, New York, advises in *The Journal of the American Medical Association*. He says that such a policy will minimize the possibility of spreading the disease from man to man. The first recorded case of an accidental transmission of malaria through transfused stored blood is reported by him.

ORIGINAL ARTICLES

SOME FACTORS INVOLVED IN THE CARE OF THE PATIENT SERIOUSLY ILL WITH BILIARY TRACT DISEASE*

By I. S. RAVDIN, M. D.
Philadelphia, Pennsylvania

THE intimate relationship of cholecystitis and hepatitis, generally accepted by most observers, must indicate that, in most instances, when a stone passes into the common bile duct there is apt to be an existing hepatitis before the effect of ductal occlusion still further damages the liver cells. That extensive hepatitis may coexist with simple gall-stone disease is not so generally accepted, but it is nevertheless true. The occlusion of the common bile duct by a stone is further complicated by the fact that, in most instances, the gall-bladder is at that time moderately or severely damaged. Under such circumstances the failure of the gall-bladder to concentrate the trapped bile leads to a rapid increase in the extra- and intrahepatic bile pressure, so that hepatic secretory suppression occurs at an earlier period after obstruction.

The opportune time, therefore, to operate on a patient with gall-stones is early, when the stones are still present in the gall-bladder and when the patient is suffering from the classical dyspepsia, or colic, or both, of simple calculus disease. It is, moreover, of importance to remove any calculi from the common duct at the primary operation. The time-honored concept that a previous history of jaundice is the indication for common-duct exploration has too frequently resulted in the primary or secondary operation being done following extensive liver injury, or even during a period of intense obstructive jaundice, when the risk of operation is greatly increased. Palpation of the common duct is a poor method of accurately determining the presence of stones, and the majority of stones found at a secondary operation are the result of faulty exploration of the extrahepatic bile passages at the primary operation. The surgeon can gain little relief from a troubled conscience lest the standpoint that the stones may have formed in the common duct subsequent to cholecystectomy.

FUNCTION TESTS

It is during a state of partial liver insufficiency that many of these seriously ill patients come for surgical aid. It is important, therefore, to determine, if possible, the exact degree of hepatic insufficiency which may exist. It is possible in those organs whose functions are few in number to make accurate functional tests, but this becomes exceedingly difficult in an organ whose activities are manifold, and in which the impairment of each function is not of the same degree.

* From the Harrison Department of Surgical Research Schools of Medicine, University of Pennsylvania, and the Surgical Clinic of the Hospital of the University of Pennsylvania, Philadelphia.

Read before the Third General Meeting at the sixty-ninth annual session of the California Medical Association, Coronado, May 6-9, 1940.

The glucose and galactose tolerance tests have been widely used, but we have often found them of little significant help. Alimentary glycosuria and alterations of the sugar tolerance curves are much too common in many pathological conditions to make these tests of serious diagnostic importance, especially in the milder or moderate types of hepatic derangement.

The glucose tolerance curves in some of the patients are not unlike those seen in diabetes. These high sugar tolerance curves are seen in patients whose fasting blood-sugar levels may be quite low, as we would expect in the presence of serious liver injury. It is generally believed that the glycogen storage of the liver is its major function, but it is much less generally recognized that the protein activities of the liver are of perhaps equal, or even greater importance.

Certain of the liver function tests have been based upon the ability of the normal liver to synthesize urea from ammonium carbonate. The tremendous reserve factor of the liver prevented the fulfillment of such prophecies, for 80 per cent of the liver of the dog can be removed without appreciably affecting normal urea formation. Even when amino-acids have been fed in large amounts, thus putting the liver under an increased strain, the results obtained in the presence of moderate liver damage have not been significant. The ability of the liver to synthesize urea is impaired only when the destruction of liver tissue is nearly complete, a time at which a function test is of little value.

The same, in large measure, is true of the tests based upon the conjugation of hippuric acid. While Quick's test is useful, it is not always infallible. The dye tests have also often proved disappointing. In the presence of incomplete ductal occlusion it is not at all infrequent to obtain a nearly normal disappearance curve of sodium tetraiodophenolphthalein from the blood. The determination of cholesterol fractions and other constituents in the blood are of help, but they too frequently may lead one astray.

The reserve capacity of the liver is so great that normal activity can be carried on by only a small part of the total liver mass, provided that is normal. And, finally, even though all the functions preoperatively are normal, the injury to the liver cells, as the result of operative trauma and anesthesia, may be so great as to convert a normally functioning liver into a completely incompetent one. We have found this to be true when the original liver glycogen concentration was twice the normal. It is necessary, therefore, at this time that we do not place too great reliance upon liver-function tests. Too frequently they give us a sense of security which is unwarranted.

For the determination of bile-pigment retention in the blood, we believe the Van den Bergh reaction is the most satisfactory method now available. Regardless of whether you agree on the specificity of the qualitative reaction, the quantitative portion of the examination remains the most accurate method available in the clinical laboratory for the determination of bilirubin concentration.

PREOPERATIVE CARE

In no field of surgery has the physiologic approach to the problems of pre- and postoperative care had a greater influence, or saved more lives than in the treatment of advanced biliary tract disease. The high mortality in the past can be ascribed neither to less technical skill nor to poorer surgical judgment, but rather to the lack of information concerning the pathologic physiology of the processes involved and the manner by which they can best be controlled prior and subsequent to operation. The special methods of preparation and after-care have been based in large part on experimental studies. It is now time that we evaluate the effects of special treatment on our clinical results.

The preoperative preparation of the patient should be directed toward correcting, so far as possible, any existing collateral disease, and improving the content of the hepatic cells so as to prevent further liver injury. I shall not discuss coexisting cardiac or pancreatic disease, except to state that neither of these conditions should be considered as insurmountable barriers to operation. If the patient is properly prepared, prior to operation, with the help of a competent internist, the added risk of either of these conditions is not great.

Angina pectoris may be mimicked in every way in gall-stone disease. We have had a number of examples of this when stones have been present in the common duct, even though jaundice has never been present. Surely, operations on, or injections of the sympathetic nervous system should not be undertaken without first subjecting the patient to adequate surgery for the gall-stone disease.

It is generally believed that hepatic disease is unassociated with renal dysfunction. While as a rule this may be true, there occurs in a number of patients with obstructive jaundice a serious impairment of the functional activity of the renal parenchyma. It is in this group of patients that a low-serum calcium may be encountered, which is nearly always associated with a serum protein deficiency or with hyperphosphatemia. These are even more apt to be present if the patient had preexisting renal disease. A preoperative high blood non-protein nitrogen, in these patients, is not always of serious significance, for subsequent to surgical therapy the evidences of renal injury may rapidly subside. In the absence of a history of previous renal injury the high blood nonprotein nitrogen concentration need not alarm one unnecessarily, unless the entire clinical picture, at the same time, warrants it.

The evidence of renal impairment should, in the main, be considered as an additional load which has been added to that which the patient is already carrying. It must be taken into account in preparing the patient for operation, and in determining the anesthetic to be used for operation. Above all, it must be considered in the administration of fluids, especially large amounts of sodium chloride, which may so tax a renal system, when it is near the breaking point, as to result in renal insufficiency.

DISTURBANCES IN LIVER PHYSIOLOGY

The advent of ductal occlusion causes serious disturbances in the physiology of the liver. The cells continue to secrete bile until the pressure in the bile ducts equals the secretory pressure of the liver. The presence of impaired gall-bladder function results in a shorter period of time between occlusion and icterus. When the intrahepatic bile pressure reaches from 280 to 330 millimeters of the bile, pigment does not pass through the cells and deep icterus results. Any further secretion is from the cells lining the ducts, and results in the formation of what is commonly called "white bile."

The increase in ductal pressure causes a retardation of the portal blood flow and thus there is set up a vicious circle for the development of an anoxemia in the hepatic tissue, in the face of evidence of an increased oxygen consumption in the liver during obstructive jaundice. Since the liver cells are extremely sensitive to oxygen want, further hepatic injury ensues. Thus, the primary hepatitis, if this was present, is accentuated by the increased pressure in the intrahepatic bile ducts, and by the secondary anoxia. The injured liver cell is less capable of holding and of storing glycogen. It rapidly loses its mobile protein, and since it is incapable of metabolizing the fat which comes to it there is apt to occur considerable fatty infiltration. The latter process is more apt to take place where there is considerable fat in the subcutaneous tissues.

While it was previously believed that the liver glycogen protected the liver against injury during anesthesia, information which we have collected leads us to state that it is the liver fat which conditions liver necrosis subsequent to the use of volatile anesthetics. The increase of the liver glycogen is valuable, therefore, only if, by increasing the liver glycogen, liver fat is reduced. Observations which we have made on a series of patients with common-duct occlusion, who were prepared by a high carbohydrate diet and the intravenous administration of glucose for from eight to fourteen days prior to operation, forces me to state that often there remained in the liver concentrations of fat which, had a volatile anesthetic been used, might have resulted in further serious liver injury.

DIET AND INTRAVENOUS THERAPY

The plan which we are now using is as follows: The patients, if they can be made to eat, are given a diet which consists of 80 per cent of carbohydrate, to which is added protein in an amount of 20 per cent of the total calories. The diet is given in small amounts, but at frequent intervals, so that the total caloric intake is about 3,000 calories per day. The protein is added because it is the best substance for man, available at this time, to assist the carbohydrate in displacing the liver fat, and, furthermore, tissue regeneration cannot take place without sufficient stores of protein. In addition to the carbohydrate-protein meal, we give these patients approximately 10 milligrams of crystalline vitamin B₁ daily. The latter improves the appetite. The addition of protein and B₁ to our previous routine

has, we believe, resulted in a marked reduction in the liver fat and resulted in a distinct improvement in the condition of the liver cells. With such a method we have increased the liver glycogen concentration in the presence of complete ductal occlusion in the experimental animal to as much as 12 per cent, a concentration which we previously had thought unattainable, and a simultaneous reduction of the liver fat from levels as high as 50 per cent to a normal level over a period of two weeks.

VITAMIN K AND BILE-SALT THERAPY

The use of substrates containing vitamin K₁ or K₂, or of the synthetic quinone derivatives having a K-like action, has made postoperative hemorrhage an exceedingly rare complication. Two methyl 1-4 naphtha quinone, in doses of two milligrams three times a day, is effectual in restoring a normal prothrombin time in the great majority of patients within seventy-two hours. It is even more potent than the naturally occurring vitamin.

The hemorrhagic tendency of the jaundiced patient is due to a prothrombin deficiency conditioned by the absence of bile salt from the intestinal tract. When the vitamin K substrates are used, bile salts must be used with them.

TIME FOR OPERATION

We have come to believe that early operation, once occlusion has occurred, is not always to be desired. The suggestion of Waltman Walters that the obstructed patient be operated on at a time when the level of the bilirubinemia is stationary, is an excellent one. It has been our policy to withhold operation when the bilirubin concentration in the serum is increasing or decreasing. If it is increasing or decreasing, we wait until the concentration reaches a plateau. During this period the patient is being prepared for operation. The operation is safer when hepatic function has stabilized itself against a high or low-serum bile pigment concentration.

All severely jaundiced patients who have not responded to K therapy are placed on a diet for from ten to fourteen days and are transfused prior to operation. Our practice has been to use small amounts, 250 to 300 cubic centimeters of blood for two or three days before the contemplated exploration. This serves several purposes. It improves the quantity and the quality of the blood; it provides serum protein, which may be deficient, and it improves the oxygen-carrying capacity of the blood.

ANESTHESIA

In the light of available evidence at this time, we believe that the anesthetic of choice is spinal anesthesia. We have good evidence that ether may cause serious liver injury in the presence of the conditions often existing during ductal occlusion. Nitrous-oxido and oxygen, when pushed to the point of even semi-satisfactory relaxation, causes an anoxia which results in further liver injury. Cyclopropane may be satisfactory, but there is as yet insufficient evidence as to its effect on the hepatic parenchyma to warrant its widespread adoption.

Spinal anesthesia, in which marked depression of the blood pressure is prevented by the preanesthetic administration of adequate doses of ephedrin, has proved so satisfactory in our hands that until a better method is demonstrated we shall continue to use it. Carefully administered, it is, we believe, the safest anesthetic in these bad-risk patients.

INCISION

We believe that the subcostal incision affords better exposure of the biliary passages, is associated with less postoperative pain, fewer pulmonary complications, and a lower incidence of postoperative herniation than any other incision. Its full advantages are never appreciated until it is used.

I shall not discuss the various technical details necessary satisfactorily to complete the operation. In the presence of stone obstruction a thorough search is essential and the removal of a single stone is not sufficient reason for terminating the exploration. Not until the operator is satisfied that there are no stones in the right or left duct, and a catheter can be freely passed into the duodenum, is his responsibility for further exploration at an end.

POSTOPERATIVE CARE

As soon as the opening in the common duct is closed around the tube, fluid is introduced through the open end of the tube and the tube is then clamped. When the patient is returned to his bed the free end of the tube is attached to a decompression apparatus, so arranged that the top level is kept at approximately 200 millimeters above the common duct. Over a period of days this is gradually lowered, but it is never lowered to the point where large amounts of bile are permitted to drain externally.

The use of this principle serves several useful purposes. In the first place, it prevents an acute hepatic hyperemia subsequent to release of the ductal occlusion. After the sudden release of a complete ductal occlusion, there is often observed an intense hyperemia of the liver tissue and the extravasation of large amounts of blood in the perivascular spaces. Although decompression occurs in part during the operation, the maintenance of an adequate pressure level thereafter is, we believe, of real help in preventing massive extravasation of blood into the liver tissue. Furthermore, it overcomes the defect of the older method of drainage into a bottle at the bedside in that large amounts of bile are not sucked into the container. The added advantage of permitting the bile to enter the intestine at an early period is obvious. The fluid and electrolyte balance is more easily maintained and the extrahepatic functions of the bile are reestablished within a short time after operation. The effects of excessive external bile drainage were described some years ago by William Halsted, who personally experienced them. The lassitude, weakness, anorexia, rapid pulse, and even comatose state, so frequently observed in such patients, can in large measure be prevented by the use of the decompression principle. The additional advantage of the bile subserving a useful intestinal function, I shall describe at a later period.

CHOLANGIograms

No tube should be removed from the common duct before doing a cholangiogram. Even the most experienced of surgeons will occasionally leave a stone behind. The time to know this is before the "T" tube is removed.

POSTOPERATIVE FLUIDS AND DIET

In the administration of fluids during this period, one must be guided by the principles laid down by Wiley and Newburgh and their elaboration by Coller and Maddock. The control of the postoperative administration of intravenous fluids to these patients is not to be left to one of a group of constantly changing internes, nor can the quantity or type be determined routinely for all patients.

As soon as the stomach is retentive, food should be given by mouth. The diet which we have used in the postoperative period is again a carbohydrate-protein mixture, practically devoid of fat. With such a régime, regeneration of liver cells may occur rapidly, and normal function, if this can be restored, will make its appearance at an earlier period than when the patient is on a haphazard diet or a program which restricts food by mouth beyond the necessary period. It is not possible to furnish the energy requirements of the patient and increase the liver glycogen and protein storage by intravenous therapy. Protein wastage will be prevented, liver glycogen stores will be built up, liver fat displaced, and cell regeneration takes place when the total food intake is sufficient to more than cover the energy requirements.

BILE THERAPY

The restoration of bile to the intestinal tract at an early period by the use of a decompression apparatus, if the lower end of the common duct is patent, has already been mentioned. The most important function of the bile is its intestinal function. The activation of lipases, the emulsification of fats and their transport across the intestinal membrane, and the aid in the absorption of accessory food substances, are but a few of the activities which bile plays in the small bowel.

For some time we replaced part of the bile drained to the exterior through a gastric tube, and still use this method when edema or inflammatory exudate prevent the entrance of bile directly into the duodenum. For the past six years we have kept a store of fairly normal bile drained from patients and have had this lyophilized by the method of Flosdorf and Mudd. This dehydrated human bile is thus available for use by adding distilled water and provides a useful source for such material. It is useful also when a cholecystostomy has been done as a primary procedure for obstructive jaundice in inoperable malignancy of the pancreas, to be followed when the icterus has disappeared by a secondary short-circuiting operation.

With the decompression method, bile flows directly into the duodenum. Convalescence is smoother, and we have had an absence of the asthenic states which were so often observed where excessive external biliary drainage occurred. The asthenia (which Doctor Whipple, for want of a

better name, called "pancreatic asthenia") has not been observed by us since we began the routine use of decompression eight years ago. It is, we believe, due to a disturbance of intestinal and hepatic physiology and is the result, in part, of an interference with the extrahepatic functions of the bile. Why it makes its appearance in some patients and not in others; and why it is often not observed after prolonged ductal occlusion prior to operation, I cannot explain.

I have discussed a few of the factors which we must consider in caring for these desperately ill patients before, during, and after operation. In each of them there are present certain profound physiological disturbances, some of which are understood and others of which remain to be elucidated. The risk of operation will be reduced if attempts are made prior, during, and subsequent to operation to restore function to as nearly normal as may be possible. Such a program has resulted in a very desirable reduction in the morbidity and mortality of operations for the seriously ill patient. Further improvement in our immediate and late results will come from a fuller understanding of the conditions imposed on the organism during icterus of the obstructive type; for, regardless of the skill of the operator, mortality will remain higher than it need be if the pathologic physiology is disregarded.

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AN ANALYSIS OF CAUSES OF DEATH IN PROSTATECTOMY*

By JOHN A. DOUGHERTY, M. D.
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THE problem of mortality reduction from prostatic surgery is not a simple one. The selection of the most favorable time for operation, the question of the most suitable procedure, and the need to combat postoperative complications are a constant challenge to the judgment, skill and, not the least of all, the alertness of the surgeon. Many of these factors are of such variability that it is next to impossible to draw therefrom dependable conclusions. However, in a consideration of the "cause of death" we are frequently able, by summing up the entire case, to discover where errors of technique or judgment entered and thus, by recognizing the pitfalls, avoid them in the future. It was with this hope that the following paper was written.

CLINICAL MATERIAL FOR THE STUDY

The material for this study was drawn from the clinical records of eighty-seven patients who died following one of the three accepted operations for the relief of bladder-neck obstruction. The records are from approved hospitals in the San Francisco Bay region and from the services of qualified urologic surgeons. In this series the total mortality was 14.16, classified as follows: suprapubic, 12.8; transurethral resection, 11.7; perineal, 7.3.

* Chairman's address, read before the Section on Urology of the California Medical Association at the sixty-ninth annual session, Coronado, May 6-9, 1940.

The high death rate was due, in part, to the fact that many of the patients were, in many instances, of the county hospital type. It is perhaps fair to point out that the high percentage noted in transurethral resection was in a large measure influenced by two factors: first, the universally admitted high mortality seen in the early days of this operation (in the years 1932 and 1933) due to inexperience and inadequate equipment; and, second, the habit of utilizing transurethral resection in poor risks, where previously such cases would have been considered inoperable. An improvement is seen in the year 1938, when the mortality from four services (including the County Hospital) was 1.3 per cent.

Seventy of these patients were operated upon under spinal anesthesia, four under spinal anesthesia reinforced with NO_2 and ether, five under NO_2 and ether, four under NO_2 and O_2 , two under pentothal sodium intravenously, and one under paraldehyde per rectum. Those who were not operated upon under spinal anesthesia do not appear to have had any special indication for the anesthetic selected, and were probably victims of a transient investigative impulse on the part of the surgeon.

CAUSES OF DEATH

In considering the causes of death, those related to cardiac disease, cerebral accident, hemorrhage, and sepsis have been of special interest.[†]

CARDIAC DEATHS

Thirty patients died of cardiac disease, coronary disease or cerebral accident. Of this number, 70 per cent of those dying of cardiac disease, 55 per cent of those dying of coronary occlusion, and 60 per cent of cerebral accident gave past histories of auricular fibrillation, previous cerebral accident, edema of ankles, dyspnea, or showed an unfavorable prognosis after an electrocardiogram. While, of course, there are many prostates who, with similar past histories, have successfully withheld prostatic surgery, emphasis must be laid upon the value of a searching inquiry into the past history, and an appreciation of the ominous influence of a bad history, upon the prognosis.

The group of patients dying of cardiovascular disease did not, as a whole, show more than the usual degree of arteriosclerosis or hypertension associated with the aged. The average blood-pressure readings were for those dying of cardiac failure, 141/83; of coronary disease, 153/70; and of cerebral accident, 173/95. These pressures are the averages resulting from several observations and they are probably true readings.

Of the twenty-four patients dying of cardiac disease, nine died of coronary sclerosis. An effort was made to connect the sudden drop of blood

[†] Slide showing deaths in cardiac, cerebral hemorrhage, sepsis, hemorrhage and miscellaneous.

	Per Cent	Number	Peri- neal	Supra- pubic	Trans- urethral Resection
Cardiac	27.5	24	4	10	10
Cerebral accident	8.7	6	0	1	5
Hemorrhage	24	21	0	7	14
Sepsis	28	25	6	11	8
Miscellaneous	12.5	11	0	9	2

pressure occurring during the spinal anesthetic with this lesion from an etiologic standpoint, but without success. The average fall of systolic pressure of these patients during the operation was only nine points from the highest to the lowest reading.

DEATHS FROM HEMORRHAGE

Twenty-one of the deaths were caused by loss of blood. Of these, fourteen were transurethral resections and seven were suprapubic operations. There are no deaths from hemorrhage in the perineal group. Of the twenty-one deaths from hemorrhage, fourteen died in the first twenty-four hours. Of this number, ten were transurethral resections and four suprapubic prostatectomies. Seven died within fifteen days, four being transurethral resections and three suprapubic operations.

In defense of the suprapubic operation, it is to be noted that two of the patients who died within twenty-four hours entered the hospital in shock as the result of bleeding from large intravesical prostatic adenomas, and died immediately after prostatectomy, which was done as an emergency measure. The majority of the deaths in the transurethral resection group occurred in 1932 and 1933, when the technique was being learned. We console ourselves with the thought that faulty equipment was as much to blame as inexperience. As the years have brought superior equipment and more mature judgment, the deaths from hemorrhage have been negligible.

In the transurethral resections there were three in which the fatal hemorrhage was due to leaky hemostatic bags. Since then the bags have been distended with indigo-carmine, so that a leak will be detected at once.

In no complication of prostatic surgery does good nursing play a more important part than in hemorrhage. Frequent inspections of the patient's color, heart rate, blood pressure and amount of blood in the drainage, as well as the drainage apparatus, is essential so that measures can be taken to prevent the loss of blood from becoming a serious matter. New interns and inexperienced nurses should be instructed repeatedly that "old men do not stand loss of blood well, and that the poorer the risk the worse he stands it." Since hemorrhage frequently ensues without giving warning, in order to save time recent cases have been typed for transfusion and prepared for immediate suprapubic exposure. Intravenous glucose on the table and earlier and more frequent blood transfusions have an important place in the prevention of shock from hemorrhage. The development of the hemostatic bags and the researches of Flocks in the blood supply of the prostate have done a great deal in preventing this most harassing complication.

DEATHS FROM SEPSIS

The proportion of patients dying of sepsis was as follows: perineal, 4.9; suprapubic, 3.4; and transurethral resection, 2.5.* It is difficult to explain these differences, and the desirability of further study is suggested. It is perhaps worthy of

note that the average (preoperative) white count for this group was 11,400. While not high, this is not a normal count. Although a large proportion of prostatics are afflicted with chronic inflammatory lesions of the prostate and urethra, it appears doubtful that leukocytosis can be, in many cases, explained on the basis of a chronic prostatitis or urethritis. On the other hand, renal infections are notorious for raising a white count, and the presence of an unnoticed preoperative renal lesion might be the source of grave postoperative concern.

Ten patients died with the clinical diagnosis of renal infection, eight cases being proved by autopsy. This group ran an average preoperative white count of 10,300, with normal temperature.

Five patients were operated upon who, with a normal temperature and a negative history, ran an average of 15,500 white blood cells. All of these within five days died of a profound sepsis with a septic type of fever, the temperature in one instance reaching 107 degrees Fahrenheit. The records of these cases contained no signs other than a leukocytosis, which would forewarn the surgeon of a preoperative infection. If one may be permitted to draw conclusions from such a small number of cases, it would appear that elevated white counts, even in the presence of a normal temperature and heart rate, are a contraindication to elective surgery.

Inasmuch as the removal of the hemostatic bag sometimes provokes a sharp rise in temperature, it is probably wise to avoid this traumatic manipulation as much as possible in the presence of fever. Certainly the chances of recovery of an aged, feeble patient are not increased by a procedure which occasionally leads to a high temperature of uncertain duration.

OTHER CAUSES OF DEATH

Nine cases were incapable of being classified under any heading except miscellaneous. Three patients died of peritonitis following a suprapubic prostatectomy; the infection starting as the result of a torn peritoneum, notwithstanding the fact that the laceration was recognized and immediately repaired.

One patient died on the table from a general anesthetic. Here a small dose of novocain was insufficient to permit the completion of a suprapubic prostatectomy, and NO_2 and ether were used. It has been noted that 50 milligrams of novocain subdurally frequently does not give a satisfactory anesthetic. The custom of using these small doses with the idea of NO_2 and ether reinforcement seems to be a procedure of doubtful wisdom. There occurs a hiatus between the time the patient appreciates pain and until he is rendered insensible from a hastily inflicted general anesthetic, which smacks of the preanesthetic era of surgery. Between the reaction to pain and excitement and the prolonged time on the table (for the operation must be suspended until anesthesia is induced) it seems extremely likely that the immediate prognosis is materially affected. An anesthetic these days should live up to its name.

* See slide.

RENAL INSUFFICIENCY

Only two patients died of renal failure. In both instances, repeated kidney tests which were below normal when first seen became normal after a long period of preparation. Both patients had known cardiovascular renal impairment and lived less than a week postoperatively. Probably they should not have been operated upon. One, at autopsy, had one kidney congenitally absent, and the single kidney was the seat of a pyelonephritis. The present-day custom of intravenous pyelography would have put us on our guard in this case. The other patient had a large diverticulum repaired and a suprapubic prostatectomy done at the same sitting, under spinal and NO_2 plus ether. In all likelihood, a two-stage operation would have served him better.

A patient with a poor kidney function which improves after prolonged treatment so as to permit a prostatectomy should be viewed with suspicion. He is apt to be living on the edge of his renal reserve.

Pulmonary emboli in two cases—hemorrhage from an unsuspected and symptomless carcinoma of the stomach, and an undiagnosed renal tuberculosis in another—accounted for the remaining four deaths.

SUMMARY

1. An analysis of eighty-seven deaths following operations on the prostate (for bladder-neck obstruction) has been made.
2. Heart failure, hemorrhage, and sepsis are still to be reckoned as "Captains of the Men of Death" in this form of surgery, inasmuch as they accounted for 79.5 per cent of the deaths in this series.
3. The significance of a bad cardiac history is emphasized.
4. Deaths from hemorrhage occurred only in the transurethral and suprapubic groups. In the former, since the appreciation of the blood supply of the prostate and the development of the bag hemostat the deaths from this cause have been negligible.
5. Careful postoperative observation by the surgeon and by specially trained nurses, and early steps directed to the control of bleeding, are of supreme importance in the treatment of this complication.
6. Patients with elevated white counts, even with normal temperature and heart rate, should have their surgery postponed until the blood counts are more nearly normal in otherwise elective operations.
7. In the presence of fever, urethral manipulation of the hemostatic bag or catheters is to be avoided. Catheter drainage, bed rest, forced fluids and urinary antiseptics are probably the best means of controlling this disturbing complication.
8. In spinal anesthesia adequate dosage of novocain is suggested. Smaller doses may require reinforcement with ether, and this constitutes an added risk.
9. The preoperative use of intravenous pyelograms is advised as a means of increasing the sum total of knowledge of the patients' operability and probable postoperative course.

10. One of the chief factors in lowering the mortality of prostatic surgery is in the instant recognition of complications and the immediate treatment thereof.

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RELATIONSHIP OF RADIOLOGY TO THE PHYSICAL WORLD AND TO SOCIETY*

By R. R. NEWELL, M. D.
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TO orient ourselves, let us look at Tuve's chart of known dimensions (Fig. 1). We go in one direction to things larger and larger, and we go in the other direction to things very small. Light is one of the fine things, yet x-rays are ten thousand times finer. Light and x-ray are parts of the great electromagnetic spectrum (Fig. 2). Light is, in fact, not nearly fine enough for our needs. A microscope cannot see the filterable viruses because they are so much finer than the light we have to see them by. If someone would only invent an x-ray microscope! There has been devised a substitute, however, an electron microscope capable of showing things less than a hundredth of a micron in diameter (Fig. 3).

X-RAYS CAN BE USED FOR SEEING FINE STRUCTURE

The wavelengths of x-rays are comparable to the spacing of the atoms in solid substances. Diffraction of x-rays has proved a mighty tool to discover the crystalline structure of things, inorganic and organic. For medicine—or rather for anatomy, a cornerstone of medical science—x-ray diffraction studies have cleared up questions as to the structure of bones, tendons, teeth, etc. Teeth are apatite (phosphate rock). Tendons are crystalline only when they are stretched. The myeline sheaths of nerve fibers are radial crystals. X-ray diffraction has proved that the silica in the lung of a miner dead of miners' phthisis is quartz (Fig. 4), and not a silicate.

The shorter the wavelength of radiation the higher the frequency. X-rays have a frequency of some quintillions of cycles per second. The higher the frequency the larger the energy. We put this large energy to work for therapy. The energy is absorbed by two mechanisms (Fig. 5). By either mechanism a high-speed electron is produced. These high-speed electrons are so energetic that they leave a track of ions in their path. One might penetrate several cells before it stops, and leave a thousand pairs of ions in its wake (Fig. 6).

There is no job of chemical work too big for such an agent to accomplish. But the total reaction is pretty small scale. A full x-ray treatment means that each cell is simply riddled with such ionized tracks. Yet so huge is the number of atoms in a

* From the Stanford University School of Medicine, San Francisco.

Read before the general meeting at the sixty-ninth annual session of the California Medical Association, Coronado, May 6-9, 1940.

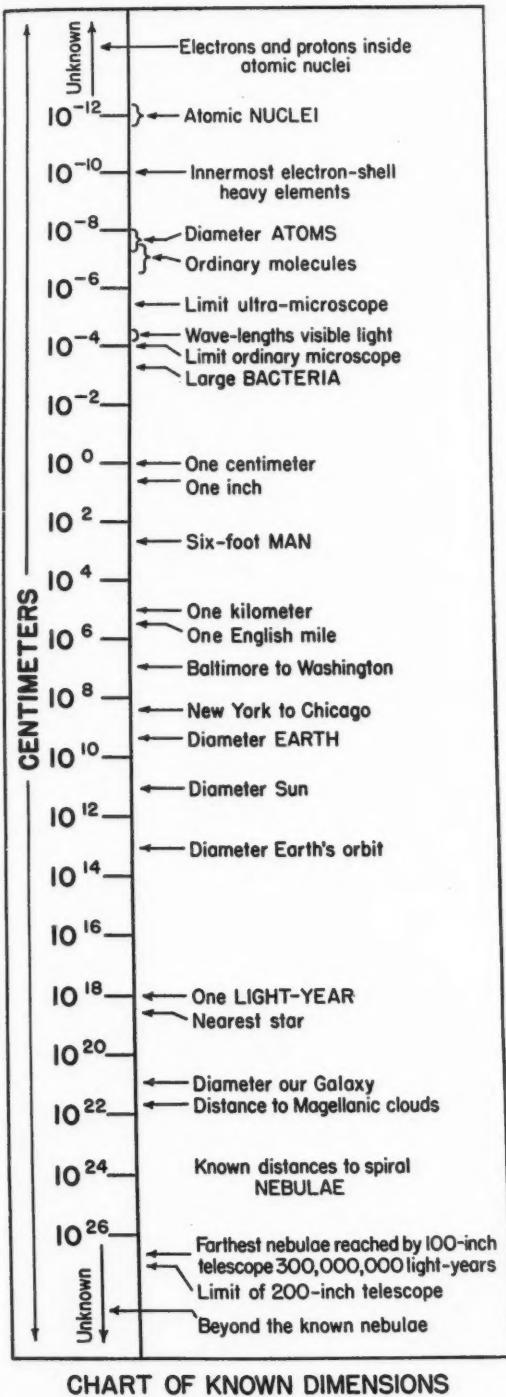


CHART OF KNOWN DIMENSIONS
(AFTER TUVE)

Fig. 1.—After M. A. Tuve.

cell (many quintillions) that the total effect is negligible unless some of the spots affected happen to be essential to the life or function of the cell.

X-ray destruction of many kinds of molecules in a cell might leave plenty of their kind uninjured,

and the loss might later be repaired. But in the chromosomes (Fig. 7) we have an aggregation of unique molecules (genes, the geneticists call them), each variety essential for some or many of the functions of the cell. The complicated mechanism of mitosis is, of course, the way in which migration of a complete set of genes is assured to each daughter cell.

Experiments on the hereditary injuries (genetic mutation) produced by x-rays have shown clearly enough that the effect of radiation may appear in just one spot within the cell.

X-rays, being of the nature of light, have similar properties, but in markedly different degree. Table 1 contrasts and compares the two. One

TABLE 1.—Comparison of Properties of Light and X-rays

LIGHT	X-RAY
very	visible
yes	goes straight
some things	penetrates
by molecules	absorbed
by fogs, grains, etc.	scattered
much	refracted
much	reflected
some	ejects electrons
sometimes	ionizes
some	affects chemicals
yes	affects photographic film
yes	makes some chemicals fluoresce
yes	shows interference effects
	slightly
	yes
	other things by atoms
	by electrons
	very little
	dominant effect
	some
	yes
	yes

cannot make an x-ray camera (except a pin-hole camera) nor an x-ray searchlight. Lenses and mirrors depend upon refraction and reflection, which are very slight indeed for x-ray.

X-RAYS FOR SEEING GROSS STRUCTURE

X-rays penetrate and yet they are absorbed. So we get a shadow of the internal structure of things. Fortunately, man is of a size that a reasonable amount of x-ray gets through. If men were elephantine, even with many times an elephant's intelligence, none would be radiologists.

DIAGNOSTIC ROENTGENOLOGY

Diagnostic roentgenology is founded on shadows. Now, ordinary shadows are silhouettes, a segregation of none and some. But a roentgenogram is a record of a similar segregation of little and much. How little and how much is given for each point in the roentgenogram by the amount absorbed out of the x-ray beam in its passage through the body, where it has met substance of differing thickness, density, and composition. The composition is extremely important, because the heavier elements absorb x-ray very strongly indeed. To double the atomic weight is to increase the rate of x-ray absorption sixteenfold (except for scattering). The higher the voltage on the x-ray tube, the more penetrating the ray, but the less, of course, the contrast. We have to choose a quality "hard" enough to get an exposure through a (thick or thin) patient, and "soft" enough to show perceptible contrast between different structures. This, of course, while scattered x-ray fogs the whole film and further dilutes the precious contrast. Compro-

CHART OF SOME ELECTROMAGNETIC RELATIONS

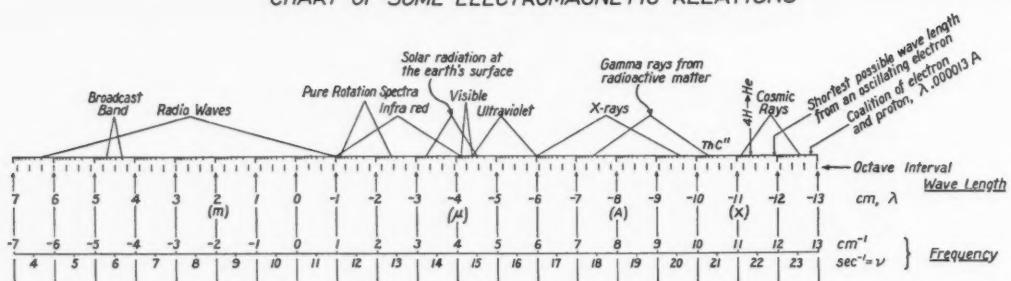


Fig. 2.—After Deming and Cottrell Rev. Sc. Instr. 3:296, 1932. The numbers are powers of 10, so that 6 means one million and -6 means one millionth. M , μ , \AA and X mark one meter, one micron, one Angström unit, and one X unit, respectively.

mise voltage on the tube might be 40,000 or 80,000. But often what we wish to show just has not a difference large enough in density or composition from its surroundings. Fortunate, indeed, the situation in the chest where the air-filled lungs afford contrast for the heart and aorta and for diseased portions of themselves! Fortunate, too, that our skeleton is bony and not cartilaginous like a shark's. But many organs of the body are embedded in substance of even density and composition with themselves.

Many of the ways, natural, accidental and strategical that are known and used to render the invisible radiologically visible are listed in Table 2.

Engineers use roentgenography, too, and have their textbooks on x-ray inspection of welds and materials. X-ray inspection is practiced on very diverse products, *e. g.*, oranges, packages of sugar, radio tubes.

RADIATION THERAPY

The alpha rays of radium are so little penetrating that they can be used in medicine only by injecting or ingesting the radium. This has proven useless and dangerous, so is no longer used.

The beta rays of radium penetrate but little, but as far as they go they act the same as x-rays. In fact, x-rays and gamma rays act on the body by turning first into beta rays (refer again to Fig. 5). Gamma rays are the same as x-rays—the hardest of them to be matched, however, only by running the x-ray tube at two million volts.

Physically, therefore, x-rays and radium can be lumped together. But clinically they are to be distinguished by their format. X-rays come from big tubes and in large amounts. Radium comes in small sizes and small quantities. Because radium

is small and cold it can be put inside the body. For treating some diseases in some situations, one must have radium.

Radium and x-rays are used a great deal for treating cancer. They are a priceless remedy. But they are not a satisfactory ultimate solution of the cancer problem, though at present they are the best thing we have to use when cancer comes to treatment in a stage or a site dangerous or impossible to extirpate surgically. Janeway wrote, twenty years ago, of his heart-break on discovering that so many cancers recurred after such a promising primary regression after radium treatment. The same disappointment comes still far too frequently to the physician who treats cancer. But the good done with x-ray and radium is so great, often spectacular, that their use against cancer has come to dominate our thoughts about them. This is the more inevitable since cancer has moved into second place as a cause of death.

But x-ray (and radium) have many other therapeutic uses. Many inflammatory conditions and many skin diseases are helped by them. Radiation

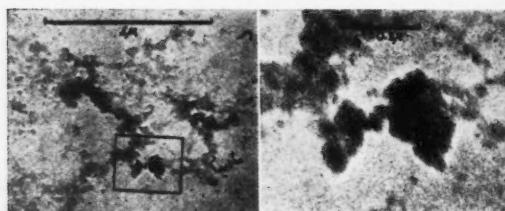


Fig. 3.—Bertone, Hilliar and Prebus (Physical Rev. Sc. 1171, 1940) at Cornell made this electron micrograph of colloidal gold.

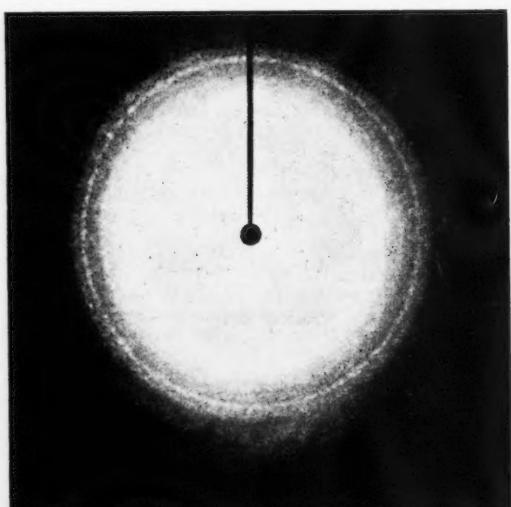


Fig. 4.—Powder diffraction roentgenograph of ash from lung of a stonecutter dead of silicotuberculosis. Silica composed 1.22 per cent of the weight of dry lung. The brightest ring indicates an atomic spacing of 3.34 Angström units, characteristic of crystal quartz. Sweaney, Klaas and Clark, Radiology 31:303, 1938.

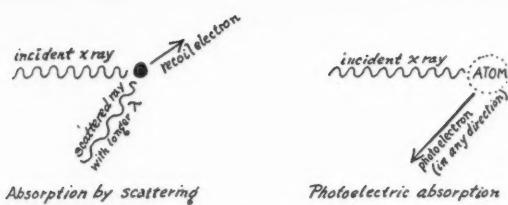


Fig. 5.—Mechanism of absorption of x-ray. The production of a photoelectron becomes less likely as the wavelength of the x-ray becomes shorter.

offers a way to influence the ductless glands. But here is a field that is full of pitfalls, and the experience of all of us is full of disappointments. Part of the trouble, of course, is the interdependence of the ductless glands among themselves. An-

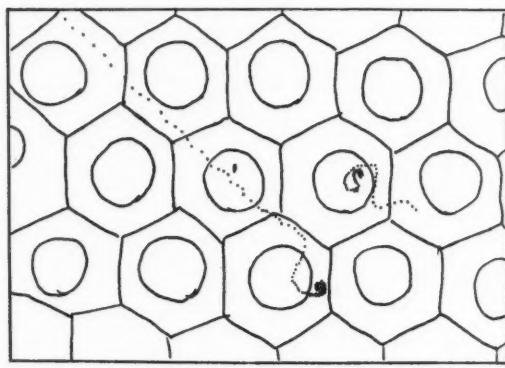


Fig. 6.—Photoelectrons and recoil electrons ionizing tissue.

other difficulty is that most of them are not very radiosensitive.

ADVANCES IN APPARATUS

Although much old roentgen apparatus is still serving well,* yet, on the whole, the improvements from year to year are beautiful and very expensive. Even so, the cost of radiology to the patient is mostly the radiologist, and not his machines.

Increased efficiency of radiographic equipment has been offset by the increased complication of newer diagnostic methods and the time they consume. For examination of the brain by injection of air, for example, a surgeon, a radiologist, his technician, an anesthetist, a resident surgeon and a couple of nurses may be working over the patient for an hour or two, and the surgeon and radiologist may puzzle their heads for another hour over the evidence obtained.

In roentgen therapy increased efficiency of equipment has been more than offset by the multiplication of sittings characteristic of modern treat-

ment of cancer. We are working so much harder over the treatment of our cancer patients that one pioneer radiologist has actually complained in print that we can no longer afford to do therapeutic radiology, but must make our livings out of diagnostic radiology. He goes too far, of course, but it is true that we are working harder and harder over our patients all the time. This is not by any means wasted effort. It has undoubtedly yielded more in improved results than the development of apparatus to run at 400,000, 800,000, and 1,200,000 volts.

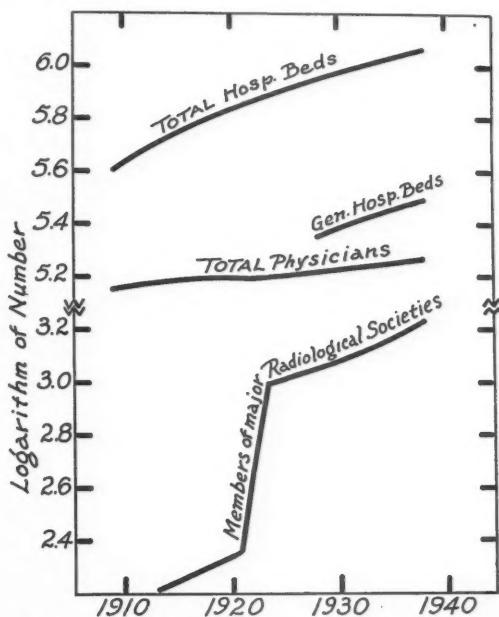


Fig. 8.—The growth of radiology as a medical specialty.

The step from 130,000 volts to 200,000 volts worked a revolution in the therapy of deep-seated cancer. It was hoped in 1930 that a second doubling of the hardness would compound these benefits. On the whole the betterment, while perceptible, has proved disappointingly modest in degree. From the physical standpoint, we have already at 200,000 volts wavelengths so short that absorption by light elements is mostly by scattering. The coefficient of scattering changes but slowly with wavelength. Further improvement in penetration depends, therefore, mostly on a secondary effect, the gradual alteration in the preferred direction of scattering which becomes predominantly forward rather than backward. Roughly speaking, it is only for the thickest parts of the body that "super-voltage" pays.

As to superiority in biologic effect, it has always been hard to understand how quanta of energy

* The author is using daily a large transformer that Clyde Snook built in 1909.



Fig. 7.—Chromosome of a fly, *Drosophila azteca*. This from the salivary gland where giant chromosomes occur, large enough for microscopical analysis. Dobzhansky and Socolov, Jour. Hered. 30:3, 1939.

as large as even the softest x-rays can be selective or specific in a chemical sense. We need to visualize the mechanism. The x-rays give rise in the body to high-speed (recoil and photo-) electrons (just like beta rays), which ionize some of the molecules that they pass until they have used up their energy and stop. Now some of them have lots of energy and a long path, and some have a short path, but the ends of all are alike—densely ionized, for the efficiency of ionization is better for slower speeds. Those of originally high energy show, then, much sparser ionization in the early parts of their paths. Now a heavy x-ray treatment might just riddle every cell with a total of a thousand ionized tracks, some passing through several cells before they stopped. But the distance between tracks would still be large compared with the distance between ions along a single track.

TABLE 2.—X-ray Contrast Media in Ordinary Diagnostic Use Today

AIR or GAS	
Natural	
Lungs, bronchi, larynx	
Nasal accessory sinuses	
Gastro-intestinal tract	
Accidental	
Pneumothorax	
Pneumopericardium	
Pneumoperitoneum (perforated ulcer)	
Subcutaneous emphysema (wounds or gas-bacillus)	
Subarachnoid or subdural air	
Injected	
Ventricles of brain	
Subarachnoid space of cord and brain	
Pleural sac	
Peritoneal sac	
Colon	
Bladder	
Stomach (CO_2 generated <i>in situ</i>)	
Uterus and fallopian tubes	
Perirenal	
Joints	
OPAQUE SUBSTANCES	
Natural	
Bones	
Calcifications	
Calcull	
Accidental	
Foreign bodies	
Inserted	
Wires, pins, etc.	
Catheters in urinary passages, etc.	
Ingested and injected	
Gastro-intestinal tract (barium sulfate, thorium dioxide sol)	
Tracheobronchial tree (iodized oil)	
Spinal subarachnoid space (iodized oil)	
Urinary tract (solution of sodium iodide or of some organic iodine compound, thorium dioxide sol)	
Uterus and fallopian tubes (iodized oil)	
Vas deferens and seminal vesicles (iodized oil)	
Amniotic sac (organic iodine solution)	
Salivary ducts (iodized oil)	
Lachrymal duct (iodized oil)	
Nasal accessory sinuses (iodized oil)	
Heart and arteries and veins (thorium dioxide sol or organic iodine compound)	
Bile passages (iodized oil through operative fistula)	
Fistulae, sinus tracts, abscess cavities (iodized oil, or suspension of barium sulfate or of bismuth subcarbonate)	
Opaque substances injected or ingested to be excreted into:	
Gall-bladder (oral: tetralodophenolphthalein)	
(by vein: phenoltetralodophthalein)	
Urinary tract (by vein: diiodopyridon acetic acid-diethanol amine, etc.)	
Liver and Spleen (by vein: thorium dioxide sol)	

The only physical difference between equal doses of hard and soft x-ray lies in this matter of columnar density of ionization. At 200 k. v. with heavy filter, we reach apparently a maximum situation. The picture is of a lot of short tracks—just densely ionized termini. At 100 k. v. there are a few more long tracks of photo-electrons. At 1,000 k. v. the recoil tracks also have become long. If one could use monochromatic x-rays, one could observe integral length of ionization track per unit energy absorbed differing by a factor of 5 or 6 within present practical voltage limits. But we actually do use mixed wavelengths, and scattering within the body degrades, especially, the harder components, so the integral range and its associated average columnar density can be studied clinically only over small variations.

Alpha rays (and neutron rays) give columnar ion densities of an entirely different order—one hundred times as great. For the former, one experiment is reported as showing fivefold killing power for twofold increase in columnar density. Yet many experiments are reported showing a factor of only 2 to 5 between x-rays and neutron rays (in terms of total ionization). The increase in effectiveness with ion density at high densities is so rapid as to leave very little to be accounted for in the lower ranges of ion densities. It looks as if the biologist ought to pay almost exclusive attention to the spot of high ion density at the terminus of each electron track, except for genetic effects where a single ion may produce an irreversible injury.

If there is any truth in this, then further increase in tube voltage is going to make hardly any further difference in the clinical effects of the x-rays. Excepting only that a somewhat larger dose, measured as total tissue ionization, will be required for the same effect. Stone has shown that the visible reactions to therapeutic doses of x-ray at 1,000,000 volts and at 200,000 volts follow the same course, reach the same climax at the same time, recover at the same rate, and lead to the same sequelae, when they are similarly given.

X-ray and radium have today an unassailable position in the therapy of cancer. They are a priceless medicine in relieving the sufferings caused by this disease which has become the second most frequent cause of death. But radiation is not, today, a satisfactory solution of the cancer problem—not anywhere near it. And from what is written above, it does not look as if higher voltages are going to make it a satisfactory solution. I fail to see in the physics of the problem any promise of a revolution in irradiation of cancer.

RADIOLOGY AS A MEDICAL SPECIALTY

In the early days the new discovery was taken up by an extraordinary array of doctors, scientists, and dilettantes. Clinical radiology was at first in the hands of those who could make the tubes and machines work, often electricians or photographers without medical education. But for some years now radiology has been definitely a medical spe-

TABLE 3.—*Distribution of Physicians and Radiologists*

	<i>United States</i>	<i>San Francisco</i>
General hospitals		
<i>Beds per 1000 population</i>	<i>3</i>	<i>10</i>
<i>% having x-ray dep't.</i>	<i>81</i>	<i>100</i>
<i>% of x-ray dep'ts. having M.D. director</i>	<i>85</i>	<i>100 (50% full-time)</i>
Physicians		
<i>per 1000 population</i>	<i>1</i>	<i>3</i>
<i>per radiologist</i>	<i>100</i>	<i>60</i>

cialty, however intruded upon by layman and chiropractors.

Figure 8 shows the growth of the specialty of radiology compared with two other measures of the developing practice of medicine, namely, number of licensed physicians and number of hospital beds. There is today one radiological specialist to every hundred physicians, whereas thirty years ago it was one to a thousand. Moreover, the specialty seems to be still in the logarithmic ("compound interest") portion of its growth curve. When the curve will level off and reveal the approach to saturation, I cannot predict. Inasmuch as the roentgen consultations of a couple dozen busy physicians will support a radiologist, it is apparent that much radiology is being done by others than members of the major radiological societies. Moreover, it is not unlikely that some patients could be helped by roentgen diagnostic and therapeutic services not now being given them.

Cities are better supplied with medical services than the country generally (see Table 3). With continuation of the tendency of medicine to become more complicated, and of people to demand better medical care, one expects these ratios to increase. And with the continued betterment of transportation, one expects the country districts to demand services more and more nearly on a par with the cities. These things suggest that radiology still has room for expansion. Extrapolation of the curve of Figure 8 predicts the course of its further expansion.

EDUCATION OF RADILOGISTS

As we get more and more radiologists, more and more goes into the training of each of them. When I was a medical student, San Francisco had three medical radiologists, only one of whom had sat at the feet of a master. Twenty-five years later there are thirty, a third of whom have served residencies in medical school radiology departments. Now the two medical schools are training one radiologist for every thirty medical graduates. Specialist's training twenty years ago was about three months. Today it is three years.

The increase in number of radiologists measures fairly the increased importance of x-ray in medicine. The work done per radiologist seems to remain about the same. Floor space given to hospital x-ray departments has perhaps doubled in the past twenty years, being now about as much as the floor

space given over to operative surgery. But so has the professional personnel about doubled. My own department used to have two radiologists and now has three, plus two residents. Its gross income has also doubled in the same time. Other general hospitals that used to have a radiologist half-time now keep him for the whole day. San Francisco got its first 200 k. v. therapy machine in 1921, its second in 1923. It now has twenty.

Radiology is a consultative specialty. The clinician and the radiologist need each other's guidance, both before and after the examination of the patient (or his treatment). For the radiologist, real consultation means opportunity and also means enjoyment. But the relationship to the referring physician is not always the same.

The diagnostic radiologist is serving the referring physician. He is primarily a medical scientist. His services to the patient are mostly at second-hand. He deals more in ideas than in medical care. (In order to make my point, I am consciously playing down the clinical acumen needed to choose the most promising line of examination and the medical technique needed for injection of contrast substances, etc.)

The therapeutic radiologist is a full practitioner of medicine, not merely an exponent of his science. He has need of a full measure of the art of taking care of sick people. The response of the patient reveals this difference, too. A patient referred for therapy looks to the radiologist as his physician, asks his advice and prescription for, often, all his ills. A patient referred for diagnostic radiology often remains ignorant of the personality of the radiologist—even of his name.

The good roentgen diagnostician will have a mental alliance with the internist. His observation will be topical, but his thinking will cover the patient's entire constitution. The good therapeutic radiologist will be in thought rather allied to the surgeon. He will do well to think constantly of his patient as a whole, but his therapeutic attack will usually be narrowly topical.

It is odd to see surgery and internal medicine attracting each its own specialist, while radiology still generally holds its two components in the same pair of hands. It is a relic, I suppose, of the pioneer days when x-ray machinery was difficult and rare, and one who had it and could operate it needs must be asked to do everything it was adapted to.

As the knowledge and techniques of medicine increase, it becomes more difficult for one doctor to cover a major portion of its field. More and narrower specialization is the observed result. Density of population and ease of communication ameliorate its disadvantages, for a city dweller can easily see several specialists, and often does. A serious drawback to specialization is, of course, its tendency to narrow the doctor's field of knowledge and interest. Here, I think, is a great opportunity for the diagnostic radiologist, who will likely have many different specialists among his clients. I like to think of the radiologist as a catalyst of scientific exchange among the too much isolated specialism which has developed in medicine.

COST OF RADIOLOGY

More things to know and more things to do, and more specialists to do them, all mean more costly medical care. Radiology undoubtedly stands out in this picture of increasingly extravagant medicine. It is difficult to cry economy in medicine, however. One hardly dares cry efficiency lest the result be mechanization and hence interference with progress.

Our social feeling in regard to medical services is not like that toward, say, travel services. If one cannot afford air travel we shall prescribe a Pullman, or even a day coach. But if a man needs a year's sanatorium care and pneumothorax every fortnight, well that is what he needs, and, frankly, that is what we propose to get for him somehow. I do not see how one can conscientiously adopt a less reckless ideal.

We do not willingly set a limit to the cost of radiology or of any other branch of medicine.

However much we may increase efficiency, develop new methods, new discoveries, in therapy and preventive medicine; however much we may perhaps better the race by the practice of eugenics, still I do not see how the total cost of medicine can ever diminish again. The more we are successful in medicine the more we shall save people to live to a ripe old age when they will need more doctoring and nursing than ever.

I did not mean to end on a pessimistic note. Fact is, I am one who confidently expects to be saved to live to a ripe old age, to be a burden on my family, and to enjoy myself immensely watching all the marvelous inventions and discoveries that are going to be made in radiology, and medicine, and science and engineering in the next half-century.

Stanford University Hospital.

DEVELOPMENT AND CLINICAL USE OF VITAMIN K*

By GARNETT CHENEY, M. D.
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OUR early knowledge of the manifestations of vitamin K deficiency may be exclusively attributed to the findings of research workers in the field of poultry husbandry. Over ten years ago Dam,^{1,2} in Denmark, began to study a hemorrhagic disorder in fowls which was apparently dependent upon some sort of dietary deficiency. This condition was at first thought to be scurvy, but it was soon shown that vitamin C deficiency did not occur in birds. Subsequently, the condition was designated as fowl hemophilia, because of similarity to human hemophilia. During the five years preceding 1938, Dam continued his studies of this disorder, and Almquist of the University of California³⁻⁵ carried out a number of important obser-

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vations on the same condition, with particular reference to its manifestations under different dietary regimens. It was found that various green materials, such as grass, cabbage, and alfalfa, and also liver fats, were the source of a substance which would either prevent or cure the hemorrhagic tendency. This substance was designated "Vitamin K" and has subsequently been isolated in practically a pure form.

The manifestations of vitamin K deficiency in chicks was studied in the laboratory at Stanford University Medical School during 1936 and 1937. Certain clinical and hematologic findings of Dam and Almquist were confirmed. It was also observed that chicks deficient in vitamin K had not only very long blood coagulation times, but that also the coagulation time of recalcified blood plasma was greatly prolonged; and that this was a better index of an early stage of deficiency than tests on whole blood coagulation. It was found, too, that preparations of soluble globulin substances (prothrombin) were effective in accelerating blood and plasma coagulation *in vitro* as well as preparations of thromboplastin. This work has been carried on since 1937, in addition to the study of patients who showed evidence of vitamin K deficiency.*

In 1937, Quick⁶ pointed out that the blood showed low prothrombin levels not only in certain cases of jaundice but also in chicks with vitamin K deficiency. This led to two reports in the following year, dealing with the successful administration of vitamin K to patients with jaundice.^{7,8} These studies proved that vitamin K would control the hemorrhagic tendency in patients with obstructive jaundice and completed the final link of evidence which showed that a previously unknown hemorrhagic diathesis in chicks was comparable to a hemorrhagic diathesis in man, the nature of which had up to this time baffled all medical investigators.

CAUSES OF DEFICIENCY IN MAN

The causes of vitamin K deficiency in man may be divided into five groups.

1. In hemorrhagic disease of the newborn and in prematurely born infants, the blood prothrombin level may be low and associated with a tendency to hemorrhage. That bleeding under these conditions can be controlled by the administration of vitamin K has been shown by Wardell and Du Pont⁹ and Dam, Tage-Hansen, and Plum.¹⁰

2. Any condition which excludes bile from the intestinal tract will tend to precipitate vitamin K deficiency, as this vitamin is fat-soluble and, consequently, bile is necessary for its absorption through the intestinal wall. Practically, such a deficiency may be caused by complete closure of the common bile duct for a period of days or weeks, or by the development of a biliary fistula with no bile entering the duodenum.

3. Little is as yet known concerning disturbances of fat metabolism which may interfere with the absorption of vitamin K. This might occur in sprue or celiac disease^{11,12} or possibly in certain

* A grant recently received from Eli Lilly and Company has materially aided in the continuance of these investigations.

cases of gall-bladder disease.^{13,14} Theoretically, a diet very deficient or devoid of fats might result in similar consequences.

4. Disorders of the intestinal tract which interfere with absorption, such as chronic inflammation or multiple strictures, or which produce excessively rapid elimination, such as dysentery or ulcerative colitis, may produce a lack of absorption of this vitamin.¹¹

5. In certain cases of hepatitis and cirrhosis, the liver damage has been shown to be associated with a prothrombin deficiency which has been corrected after the administration of vitamin K. A hemorrhagic tendency occasionally occurs in such cases.¹⁴⁻¹⁶

In clinical work the number of cases displaying a diminution in vitamin K leading to serious hemorrhage is very small indeed. The best examples of a true deficiency in this vitamin are cases of long standing, complete obstruction of the common bile duct, long-standing biliary fistula, and the hemorrhagic diathesis of the newborn. Despite the tremendous number of recent reports dealing with this subject, the number of definitely positive cases of vitamin K deficiency requiring intensive therapy is not great.

DETECTION AND TREATMENT OF THE DEFICIENCY

Four procedures are available for the diagnosis of vitamin K deficiency.

1. Obvious clinical evidence of deficiency is the appearance of unexplained bleeding in a case which may be suspected of being deficient in vitamin K, such as a patient with intense jaundice or with hemorrhagic disease of the newborn. Such cases are uncommon, but represent a true medical emergency for which there is now an adequate method of control.

2. Patients with a prolonged plasma coagulation time, which is a modification of Howell's prothrombin time, may tend to bleed on a basis of vitamin K deficiency.¹⁷ This test is simple to perform and has given very satisfactory results in the hands of the writer.

3. Tests of so-called "prothrombin time" as devised by Quick¹⁸ and Ziffern and others,¹⁹ have been used in a number of medical centers as an index of vitamin K deficiency because such a deficiency has been associated with a low prothrombin level. These tests have the common drawbacks that they require the addition of unstable tissue extract preparations, and that it seems probable that the prothrombin time may not be a true index of the bleeding tendency in vitamin K deficient patients; as a parallel diminution in clot-retarding substances (antiprothrombin, antithrombin, and heperin) may also be present and might maintain the normal balance of the coagulation mechanism which would nullify the bleeding tendency.

4. The "serum volume test" of Boyce and McFetridge²⁰ is a simple procedure, but its reliability in a large number of cases is yet to be proved.

THERAPEUTIC MEASURES

For the correction of a proved deficiency in vitamin K a number of therapeutic measures are at the disposal of the physician.

1. In those cases which are due to lack of bile salts in the intestines, the administration of bile salts alone is adequate, as vitamin K is usually present in large amounts in the intestinal contents. One to three grams of bile salts a day given by mouth is usually quite sufficient to promote adequate absorption.

2. The use of food materials known to contain vitamin K may be all that is necessary in treating certain cases where bile metabolism is apparently normal; but, as a rule, the administration of bile salts with the vitamin K preparation is desirable. Dietary greens, such as spinach and sprouts and cabbage, are good food sources. A concentrated product, which is an excellent source of vitamin K, is readily available in the form of canned mixed greens. The contents of one can (four and one-half ounces) daily is sufficient. Another product which is quite satisfactory is a preparation made from green grass stalks marketed under the name of cerophyl.²¹ This may be administered in doses of twelve to twenty-four tablets a day, or three to six teaspoonsful of the powdered form.

3. Concentrated oily extracts of vitamin K derived from alfalfa are also available, and are highly effective. The dose of these, as marketed, is one or two capsules three times a day. However, these rather expensive products are being replaced by synthetic ones, most of which seem to be just as active.

4. Various napthoquinone preparations have now been shown to be highly effective in the treatment of vitamin K deficiency.²² Adequate dosage consists of one or two milligrams, two or three times a day, as a curative dose, and one milligram daily as a prophylactic dose.

In most patients oral therapy alone or with bile salts is usually quite adequate. The response can often be demonstrated in twelve to twenty-four hours. However, in certain cases parenteral treatment is either desirable or positively indicated. This is particularly true in infants, or in adults with persistent vomiting or postoperative gastric complications. Preparations for injection are not generally available, but have been studied experimentally. Two preparations are water-soluble, 4-amino-2 methyl-naphthol hydrochloride and 2 methyl-1, 4 napthoquinone, and have been very satisfactory, in the experience of the writer, in treating both birds and man. A single dose of four to six milligrams intramuscularly or intravenously is rapidly effective in man and may be sufficient to control the deficiency for at least a number of days.^{13,23} Practically, it would be advisable to give daily injections during the time that deficiency is suspected or demonstrated, and subsequently for three or four days. These substances have been shown to be effective in chicks with marked vitamin K deficiency within twenty to thirty minutes.^{17,24}

MANAGEMENT OF A CASE OF VITAMIN K DEFICIENCY

Patients with jaundice will fall into one of three general groups:

1. A patient will show no clinical evidence of bleeding at the time he is seen, and tests indicating a vitamin K deficiency and tendency to hemorrhage will be normal. Such patients if operated upon may show abnormal tests and a tendency to bleed three to six days postoperatively despite previous normal tests. If the blood cannot be tested for deficiency regularly, it is advisable to treat these patients with vitamin K and bile salts by mouth for twenty-four to forty-eight hours preoperatively and six to eight days postoperatively.

2. Patients with jaundice without clinical bleeding, but with tests indicating definite vitamin K deficiency, should all receive adequate treatment until the tests are normal. If these patients are to be operated upon, treatment should also be continued postoperatively.

3. Patients with jaundice and active hemorrhage are rare, but require immediate treatment. Administration of the vitamin and bile salts by mouth may prove adequate and control bleeding within a few hours, but the use of the vitamin by injection is more desirable and produces a truly remarkable curative effect with rapid cessation of bleeding.

REPORT OF CASE

A typical case of obstructive jaundice requiring vitamin K therapy is that of Mr. J. H., a 48-year-old bartender, complaining of jaundice. He had had an attack of abdominal pain, diagnosed as gall-bladder colic a year previously, and had had considerable indigestion and slight jaundice two months previously. His present jaundice attack was a sudden onset four weeks previously and was accompanied by very severe upper abdominal pain. Since then he had lost considerable weight, had noted marked itching of the skin, and had had very dark urine and manila-paper-colored stools. Nausea and vomiting had occurred at times. Physical examination revealed an intense jaundice. The liver was enlarged three fingers-breadth below the right costal margin, but was not tender. There was no evidence of mucosal or skin bleeding. The icteric index was fifty units. His plasma coagulation time was forty minutes. The urine contained bile, and the stools were negative for bile. He was treated with vitamin K and bile salts orally, and two days later his plasma coagulation time was seven minutes (normal). He was then operated upon and a stone removed from the common duct. No undue bleeding occurred. He made an excellent recovery and has remained well since the day of operation, November 15, 1938. A record of his plasma coagulation studies in relationship to operation and vitamin K therapy is shown in Figure 1.

COMMENT

Hemorrhagic disease of the newborn has been adequately studied already^{9,10,25} and, obviously, vitamin K should be administered parenterally without delay. The writer has had no personal experience in this type of case, but the references given cover the subject completely to date.

In other disorders where vitamin K deficiency is suspected, either because of hemorrhage or because of abnormal blood tests, vitamin K therapy should be given a trial. If it is not effective orally, it should be administered by injection. Three patients with uremia and a tendency to bleed have been studied, which showed a tendency to pro-

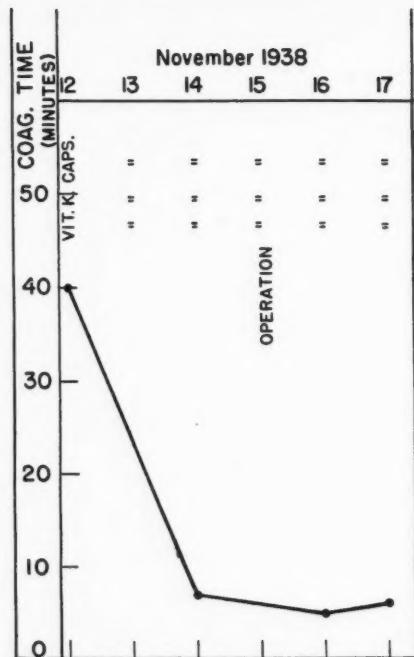


Fig. 1.—Chart showing plasma coagulation in relationship to operation and vitamin K therapy.

longation of plasma coagulation time. Upon the administration of vitamin K the plasma coagulation time has been considerably reduced and free bleeding has stopped. In patients with uremia and hemorrhage, a trial of vitamin K therapy might be justifiable as symptomatic treatment.

In hemorrhagic states other than those described, such as hemophilia, thrombocytopenic purpura, and anaphylactic purpura, there is at present no indication to administer this vitamin. There is no positive evidence at present that the administration of vitamin K to a patient with a normal plasma coagulation time or normal prothrombin time will reduce the tendency to bleed in cases of epistaxis, duodenal ulcer, uterine bleeding, or operative bleeding.

It has been stated that there is no danger from K-hypervitaminosis,⁶ but, theoretically at least, the very short blood and plasma coagulation times following injections of synthetic vitamin K may predispose to vascular thrombosis in debilitated patients.

SUMMARY

The development of our knowledge concerning the function and use of vitamin K during the past ten years has been briefly reviewed. The various causes of its deficiency in man, and the diagnosis and treatment of the syndromes which they produce, have been outlined. It has been emphasized that definite cases of marked vitamin K deficiency which require treatment are not common, but there are a number of conditions not yet sufficiently studied which might be benefited by vitamin K therapy.

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CLINICAL NOTES AND CASE REPORTS

RETREAT TO PHARMACOLOGY?*

By PAUL G. FUERSTNER, M. D.
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IN their book, "Sex and Internal Secretion," Allen and coworkers state that, at the present time, changes occurring in the vascular system seem to offer the greatest promise of an exact explanation of the physiology of menstruation. Research reports by Bartelmez,¹ Markee,² and Daron³ have shown that the mechanism of menstruation involves both general and local control of the endometrial vessels.

During the past few months a number of publications have appeared which demonstrate that the vascular activity plays a much more important rôle in the mechanism of menstruation than had been expected. Up to now menstrual irregularities were primarily ascribed to endocrine disturbances and treated correspondingly with hormones, not always successfully.

In a large number of animal experiments, Hechter, Lev, and Soskin⁴ studied the question, whether estrin directly stimulates the cells of the uterus and vagina, the hyperemia being secondary, or whether increase in the blood supply is primary, and stimulation of the cells secondary. They were able to show that the uterine distention could be inhibited by atropin and duplicated by yohimbine. Their final conclusions are that a very large proportion of the estrus phenomena in animals is dependent on hyperemia. Since hyperemia is presumably controlled at least by the parasympathetic nervous system, they venture the opinion that in women, in spite of normal hormone secretion, vascular disturbances can interfere with the normal menstrual cycle. Putting their results into practical use, Soskin and co-workers⁵ began to treat patients with delayed menstruation with a nonspecific hyperemic agent. Using a synthetic physostigmine-like substance—Prostigmine—they invariably precipitated the menstrual flow, unless the patient was pregnant. In this way they were able to elaborate a new test for early pregnancy.

Kurzrok and co-workers⁶ studied the action of the synthetic atropine-like substance Trasentin on

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¹ Bartelmez, G. W.: Histological Studies on the Menstruating Mucous Membrane of the Human Uterus, *Contrib. Embryol.* (Nr. 443), Carnegie Inst., Washington, 24:142, 1933.

² Markee, J. E.: Rhythmic Vascular Utterine Changes, *Am. J. Physiol.*, 100:32-33 (March), 1932.

³ Daron, G. H.: Arterial Pattern of Tunica Mucosa of Uterus in Macacus Rhesus, *Am. J. Anat.*, 58:349-419 (March), 1936.

⁴ Hechter, O., Lev, M., and Soskin, S.: Relation of Hyperemia to Action of Estrin, *Endocrinology*, 26:73-79 (Jan.), 1940.

⁵ Soskin, S., Wachtel, H., and Hechter, O.: Treatment of Delayed Menstruation with Prostigmine—Therapeutic Test for Early Pregnancy, *J. A. M. A.*, 114:2090-2091 (May 25), 1940.

⁶ Kurzrok, R., Miller, E. G., Jr., Gegerson, H., and Gegerson, A.: Action of Trasentin on Rabbit Ovary and Uterus, *Endocrinology*, 26:827-828 (May), 1940.

inhalation anesthesia. According to Weeks, chronic conditions as well will be relieved and the calcium absorbed after the use of this method, unless the salt has organized into bony hardness, in which case surgical removal is justified.⁴

HIPPOCRATES' APHORISMS*

By MOSES SCHOLTZ, M. D.
Arcadia

SECTION FIVE (Continued)

23. Cold water is to be applied in bleeding
Or when one is expected, but not within
The center; also in inflammations,
And erysipelas with an unbroken skin.
24. Cold applications to the chest
Are mostly detrimental,
Being often in catarrhs and coughs,
And bleedings instrumental.
25. Joints, sore and swollen, gouty without ulcers,
Also sprains improve and gain
From applications of cold water,
Which checks the swelling and relieves the
pain.
26. That fluid is most light
Which quickly heats
And cools forthright.
27. Patients who suffer
With intense thirst,
Should try to quench it
Through sleeping, first.
28. The fumes of aromatics
Promote and bring on menses;
Their use would be much wider
But for heady consequences.
29. Pregnant women, upon indication
From the fourth to the seventh month can
well be purged;
But in the first and the last terms of gestation
Strong cleansing isn't safe and should be never
urged.
30. A pregnant woman
With an acute disease
Is in great danger
Of decease.
31. If a pregnant woman starts to bleed,
She is quite likely to abort;
And the larger fetus she may bear,
The more likely's the issue of this sort.
32. Hemoptysis occurring in a woman
Can well be caused to stop or to abate,
If her menses can be started
To flow normal and adequate.
33. A woman who is suffering
From stoppage of her monthly flows,
Easily obtains relief
With a bleeding from the nose.
34. If a pregnant woman's seized
With a violent bowel's-purging,
The perils of abortion
Around her are surging.
35. If in a hysterical woman
A fit of sneezing does occur
In the midst of tedious labor,
Sneezing acts as accoucheur.
36. When menstrual discharge is bad of color
And is irregular in quality,
That means that woman is in need of purging
Or of emmenagogues quite urgently.
37. If in a pregnant woman
The breasts lose suddenly
Their previous engorgement,
Miscarriage impends instantly.
38. If in pregnancy with twins
The fullness of one breast should fail,
One twin is lost: left breast
Means the female; right breast, the male.
39. If a woman who isn't heavy with a child
And hasn't delivered one of late,
Has milk secretions in her breasts,
Her menses 're in obstructed state.
40. If blood engorges
A woman's breast,
A state of madness
Is manifest.
41. To test if a woman is with child,
Give her a draft of hydromel
On fasting stomach, before sleep:
If she is gripped, her womb will swell.
42. If a pregnant woman has good color,
She is sure to bear a male;
But, if her color is unhealthy,
Her offspring's a female.
43. Erysipelas
Of the womb,
In a pregnant woman
 Spells her doom.
44. Women who are very lean
Easily abort,
Until they gain enough in weight
Their fetus to support.
45. If middleweight women do abort
At an early term,
Their placenta, filled with mucus,
Tears asunder, not being firm.
46. Women who are too obese
Don't easily conceive,
As the fat-occluded cervix
Precludes the sperm to live.

* Weeks, Alanson, and Delprat, G. D.: Acute Subdeltoid or Subacromial Bursitis—A Suggestion, California and West. Med., 41:4 (Oct.), 1934.
* For other aphorisms, see CALIFORNIA AND WESTERN MEDICINE, March 1940, page 125; April 1940, page 179; May 1940, page 231; July 1940, page 35; August 1940, page 85; September 1940, page 130; December 1940, page 272; January 1941, page 27; February 1941, page 82; March 1941, page 124.

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(To be continued)

the ovary and uterus of rabbits, and could show that this drug stimulates the development of follicles in the immature rabbit. Ovulation occurred once, which is particularly interesting since rabbits do not ovulate spontaneously. In mature rabbits marked hyperemia of the uterus occurred, the number of ripe follicles increased, and ovulation occurred again in one animal. Mature and immature rabbits showed hemorrhages into follicles.

Fuerstner⁷ studied the reaction of ovaries and tubes of rabbits to repeated vascular spasms induced with pitressin, and produced active hyperemia in the tubes accompanied by cellular infiltration. The ovaries showed a similar active hyperemia and an obvious increase in the number of ripe follicles. Ovulation occurred in two animals. Marshall, Verney and Vogt⁸ had similar results with Picrotoxin.

Wilson and Kurzrok⁹ published two extremely interesting clinical cases in which a secretory endometrium was present on the sixth day after the completion of the menstrual flow. They explain this extraordinary finding as a temporary dissociation between the endometrial and the vascular components of the menstrual cycle. They state in their conclusion that the much-discussed "bleeding factor" in menstruation is seen as the potentially variable reaction of the endometrial blood vessels.

All these findings show that the vascular responsiveness of the female sex organs is at least partially independent of the hormone secretion. The parasympathetic nervous system seems to play an important rôle. This would explain the menstrual irregularities which have been ascribed—probably correctly—to changes in the environment, emotional shocks, and physical strain. Treatment in these cases should, therefore, be directed primarily to influencing the parasympathetic nervous system.

450 Sutter Street.

ACUTE SUBDELTOID BURSITIS*

A CLINICAL picture characterized by sudden onset of agonizing pain and stiffness in the shoulder was described as early as 1872 by Duplay under the name of periarthritis humeroscapularis. He had correctly recognized the subdeltoid bursa as the seat of the lesion. Codman in 1904 called attention to the rôle of the tendons of the short rotators in the production of many lesions giving rise to painful shoulder. He stressed in particular the importance of rupture of the tendon of the supraspinatus muscle in the production of subdeltoid bursitis. With the advent of x-rays, calcified deposits were demonstrated in the substance of the tendons of the short rotators. As the result of observations in cadavers (Meyer) and in operations,

⁷ Fuerstner, P. G.: Reaction of Tubes and Ovaries to Induced Vascular Spasm. In process of publication. Univ. of Calif. Publications in Pharmacology.

⁸ Marshall, F. H. A., Verney, E. B., and Vogt, M.: The Occurrence of Ovulation in the Rabbit as a Result of Stimulation of the Central Nervous System by Drugs. *J. Physiol.*, 97:128-132, 1939.

⁹ Wilson, L., and Kurzrok, R.: Menstruation and Endometrium. *Endocrinology*, 26:955-958 (June), 1940.

* From *Journal American Medical Association*, March 8, 1941.

the following concept has been evolved: Repeated minor traumas produce minute tears in the substance of the tendons. These tears, because of poor circulation in a tendon, result in areas of local necrosis with formation of calcium deposits. At some time an area of calcification, usually in the tendon of the supraspinatus muscle, becomes the seat of an acute inflammatory process which produces tension in the unyielding fibers of the tendon. The acute inflammation extends to the overlying bursa. The resulting clinical picture is characterized by acute agonizing pain in the shoulder and exquisite tenderness over the great tuberosity and the insertion of the deltoid muscle. Any attempt at abduction increases the pain. X-ray examination usually discloses a relatively large calcified deposit. The acute stage subsides in one or two weeks with disappearance of the muscle spasm and pain and gradual return of motion. In cases in which complete recovery occurs, Codman believes, the soft calcified deposit has spontaneously ruptured into the bursa, whence it has been absorbed. Thus it appears that relief from pain and return to normal shoulder function depend on the relief of tension in the calcified area. This was readily accomplished by exploration of the bursa and incision of the calcified deposit in the supraspinatus tendon. The operation may be performed under general, local or brachial plexus block anesthesia. Haggart and Allen¹ obtained good results by injection of about 20 cubic centimeters of a 2 per cent procain hydrochlorid solution into the bursa and into the capsule of the shoulder joint. They believed that the relief of symptoms following this procedure was due to a more rapid removal of the calcified deposit due to improvement in the local circulation. They add, however, that injection of the tendon provides for rupture of some of the calcified material into the bursa, a point which Codman stressed as probably the means by which nature gives relief. Patterson and Darrach² obtained apparently as good results in the treatment of sixty-three patients with acute subdeltoid bursitis by introducing two needles into the bursa and forcing saline solution through one needle to flow out the other. They were able in that way to wash out the calcified deposits. Alanson Weeks³ in 1908 aspirated a subdeltoid bursa of a patient with acutely painful shoulder for diagnostic purposes. Although he had aspirated only about 1 cubic centimeter of straw-colored fluid, the patient experienced instantaneous relief from pain. Weeks has been able to obtain relief for forty patients by the simple procedure of multiple needling of the bursa whether he was able to withdraw fluid or not. He believes that the relief of symptoms is due to relief of tension effected by puncturing the firm walled sac in numerous places. The method is simple and may be performed under local or gas

¹ Haggart, G. E., and Allan, H. A.: Painful Shoulder: Diagnosis and Treatment with Particular Reference to Subacromial Bursitis. *S. Clin. North America*, 15:1537 (Dec.), 1935.

² Patterson, R. L., Jr., and Darrach, William: Treatment of Acute Bursitis by Needle Irrigation. *J. Bone & Joint Surg.*, 19:993 (Oct.), 1937.

³ Weeks, Alanson, and Delprat, G. D.: Subdeltoid Bursitis (Acute). *Internat. Clin.*, 3:40 (Sept.), 1936. Weeks, Alanson: Subdeltoid Bursitis. *Arch. Surg.*, 41:554 (Aug.), 1940.

(b) In connection with certain medical services rendered by hospitalization groups having to do with radiologic and pathologic work, Doctor Gilman reported upon a conference he had held in Los Angeles with representatives of the Associated Hospital Service of Southern California, stating that Mr. R. Heerman of that group had told him that the Associated Hospital Service of Southern California would be happy to carry out the plan outlined by the California Medical Association, provided the two other nonprofit hospital groups—Hospital Service of California and the Intercoast Hospitalization Insurance Association—would, likewise, agree thereto.

5. Legislation.

Dr. Dwight H. Murray, Chairman of the California Medical Association Committee on Public Policy and Legislation, gave a brief survey of some of the important bills before the Legislature. It was agreed that Council Chairman Gilman should write a letter to Melvyn I. Cronin, Assemblyman from San Francisco, thanking him for the special services he had rendered in support of certain public health measures.

Note: A list of proposed laws appeared in the March issue of CALIFORNIA AND WESTERN MEDICINE, on page 135.

The two measures upon which the House of Delegates acted at Coronado were covered by Assembly Bill 690 (Emergency Rights on Highway for Physicians) and Assembly Bill 488 (Humane Pound Bill). Committee action indicated non-enactment.

Assembly Bills 562, 563, and 2148 were intended to promote the interests of California Physicians' Service. Assembly Bill 1475 relates to licensure of graduates of foreign medical schools.

The compulsory health measure submitted to the 1939 Legislature and proposed in Governor Culbert L. Olson's biennial message of January 6, 1941, was covered by Assembly Bill 1730 and its companion, Senate Bill 645.

Senate Bill 245 would make it mandatory to give interns \$50 per month compensation; Assembly Bill 1301 would establish a State Board of Naturopathy; Assembly Bill 519 and Senate Bill 1258 would give injured employees or their representatives the right at all times to examine and copy hospital and physician records; Assembly Bill 2264 and 2267 relate to amendments to the Optometric Law that would prevent certain existing abuses; Assembly Bill 51 would provide a board of examiners for massage operators.

Assembly Bill 1625 would establish a medical and dental program for persons receiving wages of the public monies from public funds. This measure was discussed at some length, the Council giving approval, with Doctors Maner and Moody requesting that their negative votes be recorded.

The Farm Bureau measure, known as Assembly Bill 2499, submitted in the Legislature of 1939, was reintroduced for 1941 as Assembly Bill 1037. This measure related to the administration of county hospitals, with special reference to citizens who would be entitled to admission with provision of no charge, part charge, or full charge. A letter from the California Farm Bureau Federation, dated February 19, from Director Von T. Ellsworth, was presented for consideration. It was agreed that the original committee, consisting of Doctors Packard, Emmons, Anderson, and Powell, should watch the course of this measure.

Assembly Bill 1694, authorizing Boards of Supervisors to contract for hospitalization and medical care for migrant farm laborers or low-income farmers, was also referred to the Special Committee, consisting of Doctors Packard, Emmons, Anderson, and Powell.

6. Basic Science Initiative.

The final draft of the Basic Science Initiative, as prepared by the Committee on Public Relations, was reported

on by Dr. Donald Cass, Director of the Committee on Public Relations, who told of the conferences and agreements with the two State Dental Associations regarding it.

It was agreed that when it was submitted to the Attorney General for title the sponsors of this measure should be: Harry H. Wilson, President; Henry S. Rogers, President-Elect; Philip K. Gilman, Chairman of the Council; Donald Cass, Chairman of the Committee on Public Relations; Ernest Sloman, D. D. S., and Guy Van Buskirk, D. D. S.

7. Membership.

(a) Report was made on membership, the records showing that on December 31, 1940, there were 6,552 active members, ninety-seven retired members, four associate members, and one honorary member. In 1940, a total of 467 members were admitted.

(b) On motion, duly made and seconded, a group of thirty-eight physicians whose membership had temporarily lapsed in 1940 through delay in payment of dues, were given active membership status for the year 1940.

(c) Retired membership was granted to the following physicians, who were members of the Los Angeles County Medical Association: Edgar D. Craft, Cecilia Reiche, Harold Dewey Barnard, George M. Malkin, George M. Stevens, W. E. Waddell, Joseph H. Kirkpatrick, and A. B. Cecil.

It was voted that the late Harry M. Voorhees, who had been an active member in 1940, but whose death occurred subsequent to the recommendation for retired membership by the Los Angeles County Medical Association, be carried on the books as a retired member at the time of his death.

(d) It was voted that the American Medical Association be informed that the California Medical Association recommends Dr. Arnold Burkman for affiliate membership in the American Medical Association.

8. Financial.

(a) Official audits of the certified public accountants, Ernst and Ernst, were submitted and approved.

(b) Report was made concerning the earned financial balances, loans, Indemnity Defense, and Special Assessment funds. It was voted that authority be given to take up the loans through use of monies in the Special Assessment Fund, a considerable saving in interest being made through this change.

(c) The budget, as submitted by the Auditing and Executive Committees for the year 1942, for presentation to the House of Delegates was tentatively approved.

(d) It was voted that the allocation for the California Medical Association Cancer Commission be increased from \$500 to \$1,000 in the budget for 1941.

(e) It was agreed that the expenses of the annual conference of State Association Officers and County Society Secretaries should hereafter be included as a special item in the budget.

(f) By motion made and seconded, the action of the Special Survey Committee and the Executive Committee, making the salary of Executive Secretary John Hunton at \$500 per month, commencing on January 1, 1941, was approved.

(g) It was agreed that the salaries of the Association Secretary-Treasurer and of the Executive Secretary should hereafter be separately itemized on the budget.

(h) Concerning the special assessment, it was voted that Dr. George Maner of Los Angeles should act with Legal Counsel Hartley F. Peart in the compilation of a report on the special assessment of 1939, the report to be submitted at the next Council meeting.

(i) It was voted that the existing bookkeeping account, "California Medical Association Fund for Needy Members," be established as a separate bank account.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

HARRY H. WILSON.....	President
HENRY S. ROGERS.....	President-Elect
LOWELL S. GOIN.....	Speaker
PHILIP K. GILMAN.....	Council Chairman
GEORGE H. KRESS.....	Secretary and Editor

INDEX

1. *Official Call.*
2. *Council Minutes.*
3. *California Committee on Medical Preparedness.*
4. *Committee on Postgraduate Activities.*
5. *County Societies.*
6. *In Memoriam.*
7. *Woman's Auxiliary.*
8. *California Physicians' Service.*

Official Call

To the Officers, Delegates, and Members of the California Medical Association

The seventieth annual session of the California Medical Association will be held in Del Monte, California, from Monday, May 5, through Thursday, May 8, 1941.

The House of Delegates will convene on Monday, May 5.

The Scientific Assembly of the Association will open with the general meeting held on Monday, May 5, at 9 a. m.

The various sections of the Scientific Assembly will meet on Monday afternoon, May 5, and subsequently according to their respective programs.‡

HARRY H. WILSON, *President.*

LOWELL S. GOIN,
Speaker, House of Delegates.

PHILIP K. GILMAN,
Chairman of Council.

Attest:

GEORGE H. KRESS, *Secretary.*

ABSTRACT OF MINUTES: CALIFORNIA MEDICAL ASSOCIATION COUNCIL*

Minutes of the Two Hundredth and Ninetieth (290th) Meeting of the Council of the California Medical Association

Held in the Sir Francis Drake Hotel, San Francisco, Sunday, February 23, 1941, at 9:30 a. m.

1. Roll Call.

Present: Councilors Gilman (Chairman), Wilson, Dukes, Rogers, Emmons, Maner, Packard, Anderson, Kneeshaw, Cline, Hamlin, MacDonald, Moody, Best, Powell, Dewey,

† For complete roster of officers, see advertising pages 2, 4, and 6.

‡ For programs, see pages 159-180.

* A mimeographed copy of the complete minutes has been sent to the secretaries of the county medical societies for the files of the component county units. Additional copies, for inspection by any member interested, are on file in the central office of the State Association, 450 Sutter, San Francisco.

McClendon; Donald Cass, Chairman, Public Relations Committee; George H. Kress, Secretary-Treasurer.

Absent: Councilors Goin (out of state) and Green (ill).

Present by invitation: Doctors Askey, Makinson, Murray, Kilgore, and Messrs. Hunton, Peart, Hassard, and Read.

2. Minutes.

Minutes approved included: (a) Minutes of 289th Council meeting held on October 6, 1940. (Abstract in CALIFORNIA AND WESTERN MEDICINE, November, 1940, on page 220); (b) Minutes of the 171st meeting of the Executive Committee held on October 21, 1940. (Abstract in CALIFORNIA AND WESTERN MEDICINE, November 1940, on page 222); (c) Minutes of the 172nd meeting of the Executive Committee held on December 13, 1940. (Abstract in CALIFORNIA AND WESTERN MEDICINE, January, 1941, on page 29); (d) Minutes of the 173rd meeting of the Executive Committee held on January 26, 1941. (Abstract in CALIFORNIA AND WESTERN MEDICINE, on page 85).

3. California and Western Medicine: Printing Proposition.

By invitation, Mr. Thomas R. Gardiner presented to the Council a proposition he had previously submitted to President Harry H. Wilson, through which the printing of CALIFORNIA AND WESTERN MEDICINE would be assumed by him.

After discussion it was voted that Business Manager Hunton be instructed to institute changes, make possible savings in printing expense, etc., and to submit a report at the next Council meeting.

4. California Physicians' Service.

(a) Dr. Alson R. Kilgore, Secretary of the California Physicians' Service, appeared before the Council and gave an outline of the work accomplished during recent months and the status of present financial conditions and professional activities. Doctor Kilgore stated that California Physicians' Service was now on a self-supporting basis, with a beneficiary membership of 22,549, as of date of February 27, 1941.

Mention was made of the fact that California Physicians' Service had made a token payment on the loans granted to it by the California Medical Association. The financial and other difficulties met with in any extensive acquisition program were reviewed. Enabling legislation, now before the California Legislature, that would place the work of the California Physicians' Service on a sound basis and permit public agencies to contract with California Physicians' Service for the care of indigent, near-indigent, and rehabilitation groups of citizens, was discussed.

The possibility of California Medical Association promoting the utilization of payments on the loan through allocation of such monies for indicated acquisition work was informally discussed.

Local problems having to do with hospitalization services, acquisition of beneficiary groups, attitude of certain physicians in regard thereto, also received comment. At the present time, the Medical Director and the Associate Medical Director in Southern California are each engaged on a part-time basis.

(j) It was voted that a separate item be hereafter included in the budget for annuities and pensions.

9. Pensions.

It was voted that the pensions of \$40 per month granted to Miss Lucile Bradford, former bookkeeper, and Miss Amy Comings, former clerk, be continued at those amounts; decision as to future procedure to be referred to the House of Delegates at the next annual session in May.

10. Membership Roster.

After discussion concerning the benefits and costs of the Membership Roster, it was voted to discontinue the same.

11. "Pre-Convention Bulletin" and Annual Session Program.

Ways and means of reducing the cost of the "Pre-Convention Bulletin" and annual session program were discussed. It was voted that the "Pre-Convention Bulletin" be skeletonized as much as possible, and presented, not as a separate supplement of the OFFICIAL JOURNAL, but incorporated as part of the regular text pages of the April issue of CALIFORNIA AND WESTERN MEDICINE.

The cost involved in sending the regular program to every member of the Association by mail was also presented, and it was agreed that the proposed plan should be tried, whereby a program would be sent to each member by mail.

12. Committee on Public Health Education.

(a) Report was made that there was a balance at the present time of \$16,239.27 to the credit of the Committee on Public Health Education. Also, that a total of 1,082 physicians who were active members in 1939 had not paid the \$10 special assessment.

It was agreed that the attention of the House of Delegates, which had brought the Committee on Public Health Education into existence, should be called to the present financial status.

(b) Report was made concerning several health education scenarios had been presented. Regarding the essays by high school pupils, it was stated that the Committee on Public Health Education would report thereon at the Del Monte annual session.

(c) A proposed plan for a newspaper column of a syndicated nature was discussed. It was agreed that decision concerning the proposed column should lie over until the annual session.

13. Films of the Los Angeles Health Defense Exposition.

The resolution of the Los Angeles County Medical Association, requesting the State Association to participate in paying the costs of a film showing the nature of the Health Exposition, was referred to the House of Delegates for consideration and action.

14. Resignations and Appointments.

(a) The resignation of T. Henshaw Kelly (term expiring in 1942) as a member of the Committee on Public Policy and Legislation, and the action of the Executive Committee in appointing Dr. Anthony B. Diepenbrock of San Francisco to act until the next annual session was approved.

It was voted to place in the record the thanks of the Association to Dr. T. Henshaw Kelly for his past services.

(b) The Executive Committee's action in accepting with regret the resignation of Dr. Dewey R. Powell of Stockton as a member of the Committee on Public Health Education, and in appointing Dr. George H. Rohrbacher of Stockton in his stead, was approved.

(c) The action of the Executive Committee in appointing Dr. Fletcher Taylor of Oakland to take the place of Dr. Lemuel P. Adams, deceased, whose term would have

expired in 1943, was approved, Doctor Taylor to act until the next annual session of the State Association be so notified.

15. Appointment of Referee.

The San Francisco County Medical Society, having requested the appointment of a referee who would preside at the hearing to be held on Monday, March 10, 1941, at which time two members were to appear to answer charges concerning nonprofessional conduct, the Council agreed that Dr. A. A. Alexander of Oakland should be requested to act as referee and that the San Francisco County Medical Society be so notified.

16. Article Concerning County Hospitals' Conditions.

Councilor Packard of Kern County called attention to a proposed article for *The Readers Digest*, in which Kern County Hospital conditions were to be discussed. After discussion, it was agreed that Doctor Packard should use his best judgment in making possible the presentation of the factual data involved.

17. Editorial Committee of the Official Journal.

Two reports were presented by members of the Special Committee appointed to consider a resolution presented at the October 6, 1940, meeting of the Council, whereby the Council would be authorized to appoint an Editorial Committee of thirty members.

The majority report, signed by Doctors A. A. Alexander E. M. Pallette, and Howard F. West, was presented, but after discussion the minority report, submitted by J. Marion Read of San Francisco, providing for an editorial board of thirty members, was adopted.

18. Medical Preparedness.

The Chairman of the California Committee on Medical Preparedness, Dr. Philip K. Gilman, presented a report on the present status of medical preparedness. Discussion took place concerning possible exemption of State Association dues of members who were in the military services.

Doctor Kress presented a form of resolution whereby the Council, by advancing money from the general fund, would be able to carry the members who were in the military services as active members until such time as the House of Delegates took definite action thereon at Del Monte. Motion made, seconded and carried, and so ordered.

19. Sectarian Medicine Proposal.

A proposal submitted under date of December 23, 1940, by Ernest G. Bashor, D. O., and addressed to Harry H. Wilson, President of the California Medical Association, and the report of a special committee of deans of the four medical schools in California, who were appointed to consider the subject, was presented by the chairman of the Council, Philip K. Gilman. On motion, the report as submitted by the Special Committee was received, and the recommendations contained therein approved, the Association officers being instructed to communicate with the proper national bodies, and to report subsequent developments to the Council.

20. Miscellaneous Reports.

Brief reports were made by the Legal Department, the Committee on Scientific Work, the latter report in connection with the annual session.

21. Adjournment.

Motion was made that the Council adjourn to meet again on Sunday evening, May 4, 1941, at Del Monte at the hour of 8 p. m.

PHILIP K. GILMAN, *Chairman.*

GEORGE H. KRESS, *Secretary.*

CALIFORNIA COMMITTEE ON MEDICAL PREPAREDNESS†

Medical Preparedness blanks continue to come into the California Medical Association central office for forwarding to the American Medical Association. To date about 93 per cent of California's physicians have filled in the blanks. Incomplete returns will be made out by the California Medical Association office for those who have not responded to the appeals made over the past six months.

Attention of the Committee on Medical Preparedness has turned recently to the necessity of protecting the education of medical students, in order to preserve a continuing supply of trained physicians in the years to come. Key members of medical school faculties have already been listed with Army and Navy officials, who have indicated that these teachers will not be taken out of their faculty posts. Medical students are currently being allowed six months' deferments in the periodic draft calls. These provisions are satisfactory so far as they go, but the Committee on Medical Preparedness, along with other state and national committees, is impressed with the need of securing definite exemption under the Selective Service Act for medical students as "essential" individuals in the national economy. The means for accomplishing such exemption are worthy of the study of all medical men.

* * *

On Monday, March 17, Dr. Philip K. Gilman, Chairman of the California Committee on Medical Preparedness, journeyed to Gilroy to give an address to members of the Santa Clara County Medical Society on the present status of medical preparedness.

In visits to county societies by other Association officers, the subject of medical preparedness is always discussed, it being deemed important that members of the profession—especially those in the Selective Service Act periods, 21 to 36, and members of the Medical Reserve Corps—should properly visualize existing conditions.

* * *

News items related to Medical Preparedness follow:

Special Status in Draft Urged for Doctors and Dentists

Washington, March 18 (AP).—Declaring that it takes more time to train a doctor or dentist than to build a battleship, Senator Murray (D.), Montana, urged Congress today to amend the Draft Act so as to give special status to doctors, dentists and candidates for those professions.

Murray, appearing before the Senate Military Committee, said that he was "told" that "men well trained in these professions were inducted into the armed forces and served as ordinary privates."

This, he asserted, is threatening to deprive the nation of the benefit of the special skills and services of these trained persons. The Army alone, Murray declared, will require 3,300 doctors each year for the next five years.

More than two hundred young men of draft age packed the corridor outside of the hearing room. Spokesmen said they represented the Association of Medical Students and the Council of Hospital Internes. Also present were representatives of the American Medical Association, American Dental Association and American Hospital Association.—Los Angeles Times, March 19.

* * *

Medical-Dental Plea Opposed

Proposed Deferment in Selective Service Fought by Brigadier-General Hershey

Washington, March 10 (AP).—Brigadier-General Lewis B. Hershey, Deputy Director of Selective Service, today expressed opposition to legislation which would defer compulsory military training for medical and dental students, interns and medical and dental teachers.

† Philip K. Gilman, M. D., 2000 Van Ness Avenue, San Francisco, is chairman of the California Committee on Medical Preparedness. Charles A. Dukes, M. D., 426 Seventeenth Street, Oakland, is a member of the American Medical Association Committee on Medical Preparedness. Roster of county chairmen on Medical Preparedness appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1940, on page 86.

Testifying before a Senate military subcommittee, General Hershey contended that the measure would "open the door to a procession of individuals seeking deferment for various occupational groups."

Rev. Alphonse M. Schwitalla, dean of medicine at St. Louis University and president of the Catholic Hospital Association, urged enactment of the legislation, testifying that the nation's hospitals are confronted with an increased load and a threatened reduction in personnel.—Los Angeles Times, March 20.

* * *

150,000 Men Entering Army Each Month*

Top Induction Pace Reached; 3,000,000 Could Be Called in Fifteen Days, Says Official

Washington, March 23.—The Army, having overcome many early difficulties in camp construction and organization, is now taking recruits through the selective service system at the highest rate thus far attained, 150,000 men a month.

Disclosing this today, selective service headquarters said the induction average for the first four months of the training program was around 50,000 men a month.

Moreover, a headquarters official said the present rate falls far short of utilizing the full capacity of the system. "In fact," he asserted, "we are now so well organized that if we were called upon to do it, we could raise 3,000,000 men in fifteen days. All we would have to do would be to press a button and the local boards all over the country would go into action."

Other Duties Possible

This official added that the organization was also ready, should need arise, to handle national projects other than the draft. It could count workers, register women for defense service or otherwise aid in the preparedness program, he said.

First selective service trainees were called last November and the total inducted to date is 265,000. Together with 487,000 regulars, 268,000 National Guardsmen and 33,000 reserve officers, these form the United States Army of today a total of 1,058,000.

Approximately 400,000 men, according to present War Department plans, will be added before July 1 to create the maximum force now planned unless the emergency becomes much more serious—1,418,000 men.

Another Big Job

Shortly thereafter the system may have to undertake its next big job, registration of the 200,000 odd youths who have become 21 since the first registration was held last October.

President Roosevelt will fix the date upon recommendations of his selective service advisers.

How to determine the order in which these new registrants will be called for service already is occasioning formal discussion at headquarters here. Some consideration is being given to the idea of having two lotteries. One would determine the order of the 200,000 among themselves and the second would determine their places among the 16,404,000 men aged 21 to 35 who signed up last October.

Change Proposed

Officials expect completion of this second registration may clear the way for them to give serious study to proposals for amending the selective service act. Major General Lewis B. Hershey, acting director, said recently he favored fixing the registration age at 18 with a year's training any time during the ensuing five-year period, the exact time to be at the discretion of the registrant.

Another suggestion which has been widely discussed would require registration and a year's training as men reached 21.—San Francisco Examiner, March 24.

* * *

Doctor Wilbur Decries United States Draft Plans

By Bob Chandler

President Ray Lyman Wilbur yesterday declared that the fault with the present Selective Service Act is that "the government failed to benefit by its experiences in the last war."

"The British government went through the same thing in the first war, and when this war started they provided for further training of selected groups ranging from architects and steamfitters to doctors and physicists. Men in these categories up to a certain age could neither volunteer nor be drafted."

Students Not Exempt

Placing special emphasis upon the fact that the tens of thousands of men on local boards cannot be cognizant of the full situation, he declared that university students should not be excused from army service, but that they

* By John M. Hightower, Associated Press Staff Writer.

should be allowed to finish their training in work that will make them vastly more valuable to their country when they are finally called.

Commenting upon the resolution recently passed by several groups of the American Medical Association, he expressed his disapproval of the way in which medical students, particularly, are not being allowed to finish their studies.

Doctors Needed

The resolution states that the government's five-year preparedness program will need about 3,500 medical graduates each year to enter the service of the Army, Navy, and public health services. He went on to explain that there are only about 5,200 medical students graduated each year in the United States.

"Those 3,500 graduates are needed by the government each year, and the remainder is left for public medical services," he said. "Their education should not be interrupted if the demands of both groups are to be met."

Doctor Wilbur recently returned to the campus from a trip to Chicago, where he made addresses to the Chicago Stanford Club, the World Citizens Association, of which he is chairman of the Central Committee, and spoke on Professional Education and Licensure at the opening meeting of the Congress of the American Dental Association.

Heads Sessions

Last Monday he presided at both morning and afternoon sessions of the Congress on Medical Education and Licensure of the American Medical Association, and in addition gave a report at the morning meeting on Some War Aspects of Medicine, speaking as the chairman of the Council on Medical Education and Hospitals, while he addressed the dinner meeting of the Federation of State Medical Boards of the United States on Medicine in National Emergencies.

Saturday, March 1, he will address the Stanford Mothers Club of Los Angeles, and the following day will speak before an alumni conference in Los Angeles. Tuesday, March 5, he will return to the campus to take part in the Stanford Forum, speaking on "How Stanford Met the National Emergency in 1917-18, and How the Present Policy of the Selective Service Act toward Stanford Students Should be Changed."—*Stanford University Daily*, February 25.

COMMITTEE ON POSTGRADUATE ACTIVITIES[†]

Official Visits by Association Officers

During the month of March, official visits by Association officers were made as follows:

Santa Barbara County Medical Society.—At Santa Barbara, on Monday evening, March 10, President-Elect Henry S. Rogers, Councilor Louis Packard of the Third District, and Secretary-Editor George H. Kress gave talks on organization work and policies.

Ventura County Medical Society.—On the following evening, March 11, the same speakers addressed the members of the Ventura County Society.

Kern County Medical Society.—President-Elect Henry S. Rogers and Secretary George H. Kress journeyed to Kern County on Thursday, March 20, and gave talks at Bakersfield.

Humboldt County Medical Society.—On Saturday, March 29, Councilor John W. Green of the Ninth District and Secretary George H. Kress motored to Humboldt County to Eureka to address an evening meeting of the Humboldt County Society; and journeyed then by way of Grants Pass in Oregon, to meet with the Siskiyou County Society the next day.

Siskiyou County Medical Society.—The meeting with the Siskiyou County Medical Society on Sunday afternoon, March 30, was held at the Yreka Inn, in Yreka. Councilor Green and Secretary Kress discussed organization, legislative, and allied problems.

[†] Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

Orange County Clinical Conference

Held at Anaheim on Thursday, February 20, 1941, from 4 to 10 p. m.

Members of the Orange, San Bernardino, and Riverside County Medical Societies were invited.

Postgraduate Committee: Doctors Thomas B. Rhone, R. C. Harris, and H. C. Maxwell.

PROGRAM

E. Kost Shelton, Los Angeles—*Present Status of Clinical Endocrinology, with Special Reference to Practical Therapeutics.*

R. C. Bumpus, Jr., Pasadena—*Management of Pyuria.*
R. Manning Clarke, Los Angeles—*Arthritis from Internist's Viewpoint.*

G. Mosser Taylor, Los Angeles—*Arthritis from Orthopedist's Viewpoint.*

* * *

Shasta County Clinical Conference

Held at Redding on Sunday, March 9, 1941, from 11 a. m. to 5 p. m.

Members of the Shasta, Siskiyou, Tehama, and Trinity County Medical Societies were invited.

PROGRAM

Chester L. Cooley, San Francisco—*Discussion of Obstetric Problems, with Clinic.*

A. E. Larsen, San Francisco—*California Physicians' Service.*

* * *

Riverside County Clinical Conference

Held at Riverside on Monday, March 10, 1941, from 4 to 10 p. m.

Members of the Riverside, Orange, and San Bernardino County Medical Societies were invited.

PROGRAM

Robert L. Carroll, Los Angeles—*Nonoperative Orthopedic Conditions.*

J. Norton Nichols, Los Angeles—*Surgery in Children.*
Philip E. Rothman, Los Angeles—*Rheumatic Fever: Its Diagnosis and Management.*

Howard R. Cooder, Los Angeles—*Upper Respiratory Infections—Indications for Tonsillectomy.*

* * *

Fresno County Clinical Conference

Held at Fresno on Wednesday, March 12, 1941, from 2 to 10:30 p. m.

Members of the Fresno, Madera, Tulare, and Kings County Medical Societies were invited.

Postgraduate Committee: Doctors H. M. Ginsburg, C. D. Newell, L. B. James, and J. M. Arthur.

PROGRAM

John J. Sampson, San Francisco—*Hypertension—Etiology and Pathogenesis.*

Maurice L. Horwitz, Oakland—*Disturbances of Menstrual Bleeding.*

Dinner, Californian Hotel—Speaker: Hartley F. Peart, Esq., San Francisco—*Some Pitfalls of Practice.*

Maurice L. Horwitz—*Dysmenorrhea and the Menopause.*

John J. Sampson—*Hypertension—Differential Diagnosis, Treatment, and Prognosis.*

* * *

Santa Barbara County Clinical Conference

Held at Santa Barbara on Saturday, March 29, 1941, from 9 a. m. to 9 p. m.

Members of the Santa Barbara, Kern, Ventura, and San Luis Obispo County Medical Societies were invited.

Postgraduate Committee: H. O. Koefod (Chairman), Samuel Robinson, E. L. Markthaler, and James W. Dalton.

Registration fee for entire day, inclusive of luncheon and dinner, was \$5. Clubhouse and greens courtesies were extended at Montecito Country Club on Sunday morning.

PROGRAM

Clinical-Pathological Conference—Conducted by W. J. Tomlinson, M. D., Santa Barbara.

Present Status of Vitamin Therapy—H. Borsook, Ph.D., California Institute of Technology.

The Diagnosis and Surgical Treatment of Pulmonary Carcinoma and Bronchiectasis—Frank S. Dolley, M. D., Los Angeles College of Medical Evangelists.

A Symposium on Biliary Tract Disease: (a) Its Diagnosis and Medical Management, Theodore L. Althausen, M. D., University of California Medical School; (b) *Its Diagnosis and Surgical Treatment*, Leo Eloesser, M. D., Stanford University Medical School.

A Review of Sulphonamide Therapy—Chauncey D. Leake, Ph. D., University of California Medical School.

Postprandial Talks: (a) William Harvey and the World War, Chauncey D. Leake, Ph. D.; (b) *War Surgery*, Leo Eloesser, M. D.

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San Bernardino County Clinical Conference

Held at San Bernardino on Tuesday, April 1, 1941, from 4 to 9:30 p. m.

Members of the San Bernardino, Riverside, and Orange County Medical Societies were invited.

Postgraduate Committee: Doctors F. E. Clough (Chairman), C. A. Wylie, and V. M. Pinckley.

PROGRAM

Carl F. Rusche, Los Angeles—*Blood in the Urine: Origin and Procedure in Diagnosis*.

Isaac Olch, Los Angeles—*Tumors and Inflammation of the Breast*.

Alfred Gallant, Los Angeles—*Fracture Clinic: With Special Reference to Femur and Long-Bone Fractures*.

* * *

University of California Medical School: Refresher Courses

Dr. Stacy R. Mettier, Director of the Refresher Courses, has announced that postgraduate work will be given at the University of California Medical School in June, 1941. The program will include courses by the Division of Medicine in the fields of heart disease, diseases of the blood, and of the gastro-intestinal tract, and endocrine disturbances. The Division of Surgery will offer courses having to do largely with traumatic surgery, including a fracture course and the treatment of infections and hand injuries. The Division of Obstetrics and Gynecology will summarize the most recent advances in childbirth and the care of female diseases.

* * *

Library Packet Service

Report of the Contents of the Crummer Room of History of Medicine: University of California Medical School, as of March 5, 1941

An inventory such as this is temporary at best. Since this one began two weeks ago the total has changed. It will continue to change week by week so that an attempt to calculate the exact material stored within this room must always be approximate. However, on the date of March 5, the total is correct within ten items.

<i>Classics, including Incunabula and manuscripts, 1471-1900</i>	1,154
<i>Special Collections</i>	
Californiana	1,331
University of California Faculty Collection	4,655
Reprints	3,562
Books	735
Miscellaneous	358
Anesthesia	1,638
Brigham	150

Osler	606
Pharmacopoeia	108
Yellow fever	143
Cushing	109
Philip King Brown Collection: Socialized Medicine	424
Biographical Reprints: Foreign and American	262
Significant recent articles by prominent medical men	1,909
Bound volumes relating to medical history	1,784
Grand total	14,273

There is also a catalogue of approximately 20,000 biographical and historical pictures and portraits, of which about 500 are filed in the Crummer Room.

The collection of historical medical instruments numbers about 300, mostly of the nineteenth century.

* * *

University of California Medical School

Seminar in Pharmacology, Spring, 1941

Lunches in the Crummer Room, Monday noons, Medical Clinic Building.

February 24—T. C. Daniels: Physical properties and pharmacological action.

March 3—Nina Simmonds: Diet and dental caries.

March 10—D. M. Greenberg: Oxidation reduction enzyme systems.

March 17—G. A. Alles: Phenyl alkylamines.

March 24—D. F. Marsh: Anesthetic properties of aliphatic ethers.

March 31—M. H. Soley—Iodin metabolism.

April 7—E. L. McCawley: Iodin compounds in the thyroid.

April 14—R. Aird: Experimental exophthalmus induced by anterior hypophysis administration.

April 21—N. W. Karr: Biochemorphology of sulfanilamide derivatives.

April 28—F. Proescher: Arsenosulfanilamide and sulfacridine.

May 5—J. E. Eiler: Enzyme aspects of purine compounds.

* * *

California Department of Public Health*

Bureau of Venereal Diseases

In conformity with the nation-wide effort to curb venereal diseases, and especially since the defense program, the premarital and prenatal laws of the State of California have made syphilis a subject of major interest to all physicians, CALIFORNIA AND WESTERN MEDICINE in subsequent issues will carry material pertinent to the problem.

The subject matter herein presented will generally fall into the following categories.

Postgraduate Program of the California Medical Association

Activities of the California State Department of Public Health

Noteworthy Briefs of Current Literature

Defense and Medical Preparedness

Questions and Answers

Legislation

This department will be a co-operative effort of the California Medical Association and State Department of Public Health. It is hoped that from it will develop a broad program of postgraduate activities for the State of California. We have well-qualified teachers, adequate institutional facilities, and clinical material; only organization and effort on the part of the profession itself are needed to complete the picture.

A postgraduate program in syphilology is now being formulated, and specific activities will be announced in later issues of CALIFORNIA AND WESTERN MEDICINE.

Questions in the field of syphilology relating to any of the above-mentioned activities or concerning patients who

* Contributed by Julius R. Scholtz, M. D., Consultant in Syphilology.

present diagnostic or therapeutic problems are encouraged. Strict confidence will be maintained over the identity of the inquiring physician and the patient. Questions will be referred to recognized experts in the respective field, and illustrative questions and answers will be published in this department when occasion permits.

All communications should be addressed to Consultant in Syphilology, Bureau of Venereal Diseases, State Department of Public Health, 603 Phelan Building, San Francisco. (Telephone, Underhill 8700.)

* * *

Bureau of Venereal Diseases: California State Board of Public Health

The Bureau of Venereal Diseases, State Department of Public Health, has established a division of postgraduate activities.

One of its first activities is the development of a consultation service by mail to physicians in communities in which private consultants in syphilology are not available; and for patients whose economic status does not permit private consultation.

Any physicians who have questions pertaining to diagnosis and treatment of syphilis, drugs used in treatment, and problems in serology arising in connection with the prenatal, premarital, and selective service laws, are urged to address their questions to Consultant in Syphilology, Bureau of Venereal Diseases, State Department of Public Health, 638 Phelan Building, San Francisco.

Prompt answers will be forthcoming from the consultant or from qualified experts to whom particular questions may be referred.

COUNTY SOCIETIES[†]

CHANGES IN MEMBERSHIP

New Members (23)

Los Angeles County (8)

Norman J. Barnes, *Los Angeles*
Louis X. Bell, *Los Angeles*
Joseph E. Jensen, *Huntington Park*
Samuel Wesley Kime, *North Hollywood*
Samuel Peluse, *Los Angeles*
Louis J. Perlmutter, *Los Angeles*
Maxwell James Seton, *Los Angeles*
Morton Zall, *Los Angeles*

San Diego County (1)

Guy Edward Maggio, *San Diego*

San Francisco County (12)

Alden H. Alexander, *San Francisco*
Rodney R. Beard, *San Francisco*
Emma O. Dong, *San Francisco*
Meyer Friedman, *San Francisco*
Winifred Golenternek, *San Francisco*
Walter W. Herrmann, *San Francisco*
Russell R. Klein, *San Francisco*
Robert A. Lyon, *San Francisco*
Philip Myers, *San Francisco*
Eric E. Rosenberg, *San Francisco*
Edward J. Simons, *San Francisco*
Harry Weinstein, *San Francisco*

San Mateo County (1)

Francis Scott Smyth, *San Francisco*

Stanislaus County (1)

Julian Edmond, Jr., *Modesto*

[†] For roster of officers of component county medical societies, see page 4 in front advertising section.

Transfers (2)

John Richard Beardsley, from San Diego County to Los Angeles County.
E. C. S. Leavenworth, from San Joaquin County to San Diego County.

Resigned (4)

David Lee Bassett, from San Francisco County.
Howard H. Johnson, from San Francisco County.
J. Francis Schefcik, from Los Angeles County.
Edward C. Sewell, from San Francisco County.

In Memoriam

Chaloupka, Hugo Robert. Died at Los Angeles, February 20, 1941, age 53. Graduate of Creighton University School of Medicine, 1911. Licensed in California in 1920. Doctor Chaloupka was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

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Dockweiler, Robert Reeve. Died at Los Angeles, February 21, 1941, age 34. Graduate of Harvard Medical School, Boston, 1933. Licensed in California in 1934. Doctor Dockweiler was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

+

Earel, Fred Elwell. Died at Santa Ana, February 12, 1941, age 49. Graduate of University of Illinois College of Medicine, Chicago, 1916. Licensed in California in 1932. Doctor Earel was a member of the Orange County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

+

Foster, Clarendon Atwood. Died at Los Angeles, March 13, 1941, age 78. Graduate of Harvard Medical School, Boston, 1889. Doctor Foster was a member of the Monterey County Medical Society, the California Medical Association, and the American Medical Association.

+

Gaulden, Charles Lewis. Died at Los Angeles, March 3, 1941, age 53. Graduate of Tulane University of Louisiana School of Medicine, New Orleans, 1912. Licensed in California in 1920. Doctor Gaulden was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

+

Hastreiter, Rolland Frederick. Died at Los Angeles, February 28, 1941, age 66. Graduate of Johns Hopkins University School of Medicine, 1901. Licensed in California, 1904. Doctor Hastreiter was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

+

Holm, Edgar. Died at Eureka, March 9, 1941, age 63. Graduate of Northwestern University Medical School, Chicago, 1903. Licensed in California in 1919. Doctor Holm was a member of the Humboldt County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

+

Pomeroy, John Larrabee. Died at Los Angeles, March 24, 1941, age 58. Graduate of Hospital College of Medicine, Louisville, 1903, and New York University College of

Medicine, 1909. Licensed in California in 1910. Doctor Pomeroy was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

+

Sharp, Robert G. Died at San Diego, February 21, 1941, age 58. Graduate of Johns Hopkins University School of Medicine, Baltimore, 1917. Licensed in California in 1919. Doctor Sharp was a member of the San Diego County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Waters, Pearl Suvilla. Died at San Bernardino, March 6, 1941, age 64. Graduate of Physio-Medical Institute, Cincinnati, 1910. Licensed in California in 1921. Doctor Waters was a member of the San Bernardino County Medical Society, the California Medical Association, and the American Medical Association.

+

Young, Frank B. Died at Long Beach, March 5, 1941, age 62. Graduate of Kansas City Medical College, 1900. Licensed in California in 1924. Doctor Young was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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OBITUARY

Robert G. Sharp
1883-1941

Robert G. Sharp was the first San Diego physician to limit his practice entirely to pediatrics.

Born in Belgrade, Minnesota, January 22, 1883, Doctor Sharp went to San Diego at the age of 6. He was educated in the local schools, was graduated from the normal school—now San Diego State College—and as captain of the school's first football team, won his gold football in 1901.

From there he went to the University of California, where he obtained his B. S. degree in 1911, his M. S. in 1913, and his Ph. D. in 1914. He received his M. D. degree from Johns Hopkins University in 1917.

On June 16, 1915, he and Hope E. Pinkley, of Kingsburg, California, were married. In 1917 he went to France with a Red Cross unit and served for the duration of the war, having the rank of major in the medical corps. He returned to San Diego in May, 1919, to practice medicine, and pioneered in the field of pediatrics. He continued his practice until December 1, 1940, when he retired on account of illness.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. A. E. ANDERSON President
MRS. WILLIAM C. BOECK Chairman on Publicity
MRS. KARL O. VON HAGEN Asst. Chairman on Publicity

State Board Meeting

For the first time since the beginning of the Auxiliary, a meeting of the State Board was held in Fresno, the home city of the State president, Mrs. A. E. Anderson. The

† As county Auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 2435 Nottingham Avenue, Los Angeles. Address of the Chairman on Publicity: Mrs. William C. Boeck, 712 North Maple Drive, Beverly Hills.

For roster of officers of state and county auxiliaries, see advertising page 6.

For annual meeting program at Del Monte, see page 179.

custom heretofore has been to hold one meeting of the year in San Francisco or Oakland, and the other in Los Angeles or vicinity.

The all-day meeting was called to order by Mrs. Anderson at 10:30 a. m. on Friday, February 14, at the Californian Hotel, when seventeen of the twenty-two members were present. Thirteen presidents of county auxiliaries, or their representatives, were in attendance.

The President reported that she has completed her visits to all of the twenty-eight county auxiliaries, a splendid four months' piece of work. She now plans to organize and attend meetings of the councilor districts.

No new county auxiliaries have been organized, but the chairman of Membership and Organization, Mrs. F. G. Lindemulder of San Diego, reported the writing of some 131 letters to that end. The outlook is somewhat encouraging for the forming of new auxiliaries in San Bernardino, Mendocino, and Yuba-Sutter counties.

The reciprocity tea idea for public relations work has met with success, according to the report of the chairman of Public Relations, Mrs. A. A. Alexander of Oakland. Representatives from various women's organizations in any given locality are entertained by the local Auxiliary at a Public Health program and tea, and the gospel of scientific medicine is so spread. Interest in the National radio program, "Doctors at Work," was also urged.

Mrs. Louis A. Packard of Bakersfield, *Hygeia* chairman, reported an attempt to place *Hygeia* in the state school system, but was informed that this would have to be done through local boards of education. While surpassing the number of subscriptions for 1939-1940, the California Auxiliary did not secure enough to qualify for an award in the National *Hygeia* contest which closed on January 31, yet 497 subscriptions for this year, to date, were reported.

Publicity for the Auxiliary is carried out through announcements and reports of meetings in local newspapers, the Auxiliary page in CALIFORNIA AND WESTERN MEDICINE, and the twice-a-year publication, the *Courier*. The State Convention issue of the latter will go out to the members in April.

The Convention chairman, Mrs. John C. Sharp of Salinas, reported in detail plans for the session at Del Monte, May 5 to 8. An excellent program of work and play is planned, even to a real golf tournament.

Mrs. A. T. Newcomb of Pasadena, Historian, is rewriting the history of the California Auxiliary, recording each county Auxiliary's organization and activities separately. Her State Auxiliary history of last year won second place in the National rating.

Acting on the question of dues of members whose husbands were called to National Defense, the recommendation of Mrs. C. G. Stadfield, State Treasurer, was accepted: That wives of doctors called for defense be carried as members of their local Auxiliaries for this year by the payment of the National Auxiliary dues of 25 cents, unless the National Auxiliary should feel that this was an opportunity to do its part toward National Defense.

On motion of Mrs. Eugene Kilgore of San Francisco, the Board went on record as opposing the proposed increase in National dues from 25 cents to \$1 per member, as suggested by the National Advisory Council.

Socially, the day was a very pleasant one for Board members. Mrs. Otto Diederich, President of the Fresno Auxiliary, Mrs. K. J. Staniford, Chairman of Arrangements for the Day, and Mrs. Chester M. Vanderburgh, Chairman of Transportation, with the aid of Mrs. Guy Manson, Mrs. Charles Ingram, and many other members of the Fresno Auxiliary, arranged luncheon for the Board members at the Hotel Californian, tea with the Fresno members at the beautiful home of Mrs. George W. Walker, and a charming buffet dinner for all out-of-town guests with Mrs. Anderson in her home of gracious hospitality.

News Items

The very active Butte County group will henceforth be called the Butte-Glenn Auxiliary, as the Butte Medical Society recently became enlarged. Butte has just completed a successful *Hygeia* drive, and is now conducting a membership drive. At a recent meeting a book review was given by Mrs. J. O. Chiapella, and plans were made for a public health lecture to be delivered during the spring.

The Health Chairman of the Santa Barbara Parent-Teacher Association Council greatly appreciated receiving numerous copies of *Hygeia*, which were placed in school libraries and teachers' rest rooms; the magazines having been donated by the Santa Barbara Auxiliary members. Mrs. Max Hammel and Mrs. Douglas MacDowell have been directing classes in first-aid and home nursing in the Girl Scout Troop sponsored by the same Auxiliary.

State President Mrs. A. E. Anderson addressed the Alameda County members at the Claremont Country Club in January. Past Presidents Mrs. Thomas Clark, Mrs. William Sargent, and Mrs. Hobart Rogers also attended the meeting.

One hundred members and guests from Los Angeles County were welcomed by the Long Beach branch at the Pacific Coast Club in February. The chief speaker was Miss Avis Lobdell, assistant to the president of the Union Pacific Railroad, whose talk was entitled "Romance of the Railroad."

Although the Auxiliary members of the Contra Costa group are scattered over a large area, they have experienced a year of interesting and well-attended meetings. State Public Relations Chairman Mrs. A. A. Alexander of Piedmont gave a talk on *Public Relations* in September. The following month, Doctor Pettit told of the work carried on at the radiation laboratory at the University of California by Dr. Ernest O. Lawrence, who in 1939 was awarded the Nobel prize for his discoveries.

Hotel Carter will be the headquarters for the annual meeting of the Woman's Auxiliary to the American Medical Association, which will be held in Cleveland, June 2-6, 1941. Requests for reservations should be sent immediately to Dr. Edward F. Kieger, Chairman of the Committee on Hotels and Housing, 1604 Terminal Tower Building, Cleveland, Ohio.

CALIFORNIA PHYSICIANS' SERVICE[†]

Beneficiary Membership

September, 1939	1,220
March, 1940	9,322
September, 1940	17,398
March 1, 1941	22,948

As announced last month, December showed a marked increase in the number of home and hospital calls made, in comparison with other months, due to influenza and other respiratory cases in almost epidemic proportions. Because

[†] Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization. For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

of this increased service it was necessary to set the unit value for service at \$1.10 for the month of December. Figures for January show a continuing effect of abnormal incidence of respiratory infection, but less in proportion than for December so that unit value for January has been raised to \$1.20.

Dr. Alson R. Kilgore, secretary-treasurer of California Physicians' Service since its inception, has resigned as secretary. Dr. A. E. Larsen, medical director, will assume the duties of secretary in addition to his present responsibility. Doctor Kilgore will continue to act as treasurer.

California Physicians' Service is happy to announce that a contract has been negotiated with the Farm Security Administration, an agency of the Federal Government, which provides for furnishing a health service to families under their care. The program will begin with a group in Butte County covering approximately 200 families. As soon as the service is established there it is intended to extend the plan to other counties where the Farm Security Administration has families eligible for this service.

The groups eligible for this rural health program consist of rural families who are receiving assistance from the Farm Security Administration. In the majority of instances they are distinctly marginal cases, ranging between self-sustenance and public assistance. Costs of the service will be borne by the patients to the extent of their ability. The Government, through the FSA, will assist those eligible for rural rehabilitation loans to meet the cost of medical care under this plan. California Physicians' Service agrees to render medical and hospital service to them.

The reenrollment period for California State Employees' Association is now open as of March 1 and will remain open until April 15. This is the fourth time that a reenrollment period has been necessary within this group. Memberships accepted during this period will be in addition to the 4,000 members already covered in this group.

* * *

(COPY)

CALIFORNIA PHYSICIANS' SERVICE

San Francisco, California,
March 5, 1941.

To All Professional Members:

California Physicians' Service is happy to announce that a contract has been negotiated with the Farm Security Administration, an agency of the Federal Government, which provides for our furnishing a health service to families under their care. The program will begin with a group in Butte County covering approximately 200 families. As soon as the service is established there it is intended to extend the plan to other counties where the Farm Security Administration has families eligible for this service.

The groups eligible for this rural health program consist of rural families who are receiving assistance from the Farm Security Administration. In the majority of instances they are distinctly marginal cases, ranging between self-sustenance and public dependence. In this contract the Federal Government agrees to furnish these people with the money necessary to purchase medical care by means of loans or grants, and the California Physicians' Service agrees to render medical and hospital service to them.

All moneys received from the Federal Government for the care of these people will be set up in a special fund, and payments to doctors on the unit basis under this plan will be entirely separate from the payments made under the regular California Physicians' Service plan. Conferences with local doctors in the first county in which this

plan will be operated disclose a willingness on their part to serve these people on a separate unit fee basis, because in the majority of instances these people may be said to be medically indigent, if not wholly so.

At the present time the Farm Security Administration has approximately 6,000 such families on its rolls in the State of California. As the techniques for operation of this sort of health service are perfected, we expect to extend the service to all of these families.

Your trustees feel that this is a definite forward step in the present plans of the California Physicians' Service, as this contract is the first example of the Government assuming the responsibility for supplying money necessary to purchase medical care, leaving to the medical profession the determination of the extent and quality of care and the distribution of fees therefor.

(Signed) A. E. LARSEN, M. D.,
Secretary.

* * *

Rural Families Get Low-Cost Medical Care

Include Butte County in United States Contract With Physicians

San Francisco (AP).—Signing of a contract between the Farm Security Administration and the California Physicians' Service, designed to provide low-cost medical care to five thousand California farm families, was announced here yesterday.

It was termed the first agreement between the government and the medical profession covering medical care for rural rehabilitation borrowers on a statewide basis. Several plans of county-wide scope are in operation, giving medical service to 68,000 Farm Security Administration families in twenty-eight states.

Include Butte County

Under the agreement, the service will begin among seven hundred Farm Security Administration families in three areas—Butte County, Sonoma - Mendocino - Lake - Marin county district, and the Santa Cruz-Monterey-San Benito county area.

At the outset it will be conducted on an experimental basis, with the idea of extending it throughout the state later. There are about 3,500 individuals among the seven hundred families initially covered. The California Physicians' Service is sponsored by the California Medical Association.

Pay What They Can

The Farm Security Administration-California Physicians' Service provides hospitalization and drugs as well as medical care. Families will pay on the basis of their financial ability, and the Farm Security Administration will make up any sums which the clients cannot pay.

Officials of the physicians' service estimated it would cost about \$50 for each family, and that they would be able to pay in about \$35 each, leaving \$15 to be made up by the Farm Security Administration as the difference.—*Sacramento Union*, March 7.

* * *

C. I. O. Indorses Non-Profit Health Service

Indorsement of the California Physicians' Service and of the Associated Hospital Service by the Industrial Union Council of San Diego was announced yesterday by O. W. Benziger, council vice-president and chairman of a committee which has studied the plans.

Word of the indorsement came on the eve of a civic dinner to be held at 6:30 tonight in the Gold Room, U. S. Grant Hotel, as a feature of San Diego's observance of Health Service Week.

O. K'd by Auto Workers

Major move toward indorsement by the council, composed of local C. I. O. unions, was taken when the United Automobile Workers of America, an international union, adopted a resolution recently in which the organization said that "of all the plans studied, the one which most nearly meets the requirements of the members of the union and their families is the non-profit organization plan."

The California Physicians' Service and Associated Hospital Service are organized on a non-profit basis and make available to employed persons complete medical and hospital care, including diagnostic and preventive medicine.

Benziger said the international union urged that "local unions undertake to provide these services for their members."

Schemes Studied

"This action was taken," Benziger said, "after an extensive study by the executive board and the legal department of the international union. A great many plans were analyzed and the non-profit organizations were found to be the best suited to meet the needs of union members and their families."

The non-profit services offered by California Physicians' Service and Associated Hospital Service are administered by 5,200 California doctors and all accredited hospitals, W. G. Ebersole, Southern California manager, reported.

Follow National Trend

"Indorsement by the local council of these plans," Ebersole said, "is in accord with a national trend toward using these services on a pay-as-you-go basis. The plans are designed to remove those economic tragedies which so often overtake families in an emergency. While protecting beneficiaries against major emergencies, these programs also emphasize diagnostic medicine—free access to the doctor of your own choosing."

Meanwhile, Dr. S. J. McLendon, medical society past president and California Physicians' Service administrative board member, revealed speakers for tonight's dinner. Dr. L. A. Alesen, secretary, Los Angeles County Medical Society, will be the principal speaker. Also on the program will be J. Philo Nelson, California manager of the two services, and Captain W. C. Crandall, local hospital executive and civic leader. Senator Ed Fletcher will be among the honored guests.—*San Diego Union*, February 19.

* * *

Modern Medical Care for Low Income Farm Workers

It is good news that arrangements have been completed between the California Physicians' Service and the federal farm security administration for the extension of modern medical care to thousands of low-income families.

Many of these families belong to the migrant group.

Health conditions among them have been worse than a scandal; they have been a source of widespread danger.

Here and there counties have tried to meet the problem. But county resources are limited, the migrant farm worker population shifts too rapidly to receive full advantage of county medical aid, and red tape has interfered too often with adequate medical care.

But now the federal government and the statewide group medical plan of the California Medical Association are getting together to assure the right kind of health protection to low-income farm families that otherwise would go without it.

This will make California a more humane place for these unfortunate families, and it will make the state a safer place for ALL families.

Certainly this extension of medical aid cannot be subjected to the familiar criticism of "pampering" migrant families, thereby encouraging them to come to California and remain here.

It would be a rather callous critic who would object to decent medical help for suffering children, for mothers in childbirth, for persons with communicable diseases.

Cleaning up health conditions in migrant camps and among poor farm workers will be an important safeguard to public health throughout the state.

These farm worker families follow the crops from the Imperial Valley to the orchards in the northern end of the state, and improving health standards among them is more than a humane and decent action. It is a matter of public health protection for all of us.

Nor is this new group medical service a form of charity. Families and individuals will pay for the cost of the service in proportion to the ability to pay. In cases where it is impossible for them to pay, the service will be given anyway, since poverty is not yet a crime calling for the punishment of lingering illness or death.

However, for the great majority of these low-income families, the medical aid plan will represent an obligation, and many will meet it.

Most of these families, forced off their own land in eastern and middle-western states, are old-fashioned American families struggling against extreme disaster. Drought, dust-storms, mortgage foreclosures and farm mechanization have pushed them down the economic ladder.

But they are fighting to come back. Congressman Tolan of Oakland, chairman of the migrant survey committee in congress, says that 82 per cent of these families are paying back rehabilitation loans made to them by the federal government, and that many of the remaining 18 per cent will make payment as soon as they are able.

This is a pretty good record. People with that much sense of financial responsibility should be worth helping, and they should make worthwhile citizens when they are on their feet again.—Editorial, *Oakland Post-Enquirer*, March 13.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under *Miscellany*.

NEWS

Coming Meetings.†

California Medical Association, Hotel Del Monte, Del Monte, California, May 5-8, 1941.

American Medical Association, Cleveland, Ohio, June 2-6, 1941.

American College of Physicians, Statler Hotel, Boston, April 21-25, 1941.

Western Section of American Urological Association, Hotel Del Monte, May 1-3, 1941.

Medical Broadcasts.*

American Medical Association Series of Radio Programs: Every Wednesday, 7:30 p. m., Pacific Time, Over Blue Network.—*Doctors at Work* is the title of the sixth annual series of dramatized radio programs to be presented by the American Medical Association and the National Broadcasting Company.

The series was opened on Wednesday, November 13, 1940, to run for thirty consecutive weeks, closing with a broadcast from the American Medical Association meeting at Cleveland on June 3, 1941. The program is scheduled for 10:30 p. m., Eastern standard time (9:30, Central; 8:30, Mountain; 7:30, Pacific time) over the Blue Network, other NBC stations, and Canadian stations.

The programs will dramatize what modern medicine offers the individual in the way of opportunities for better health and the more successful treatment of disease. Incidental to this main theme, the programs will explain the characteristics of the different fields of modern medicine and its specialties.

"Doctors at Work" will be broadcast from scripts by William J. Murphy, NBC script writer and author of many previous American Medical Association and NBC "shows" and other popular radio features. It will be produced under the direction of J. Clinton Stanley, director of "Medicine in the News," last season's successful American Medical Association and NBC health program. Supervision will be by the American Medical Association Bureau of Health Education, directed by Dr. W. W. Bauer.

These programs are broadcast on what is known in radio as a sustaining basis; that is, the time is furnished gratis by the radio network and local stations and no revenue is derived from the programs. Therefore, local stations may or may not take the programs, at their discretion, except those stations which are owned and operated by the National Broadcasting Company.

Descriptive posters for local distribution may be had gratis from the Bureau of Health Education, American Medical Association, 535 North Dearborn Street, Chicago. Program titles will be announced weekly in *The Journal of the American Medical Association* (see *J. A. M. A.*)

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

index under *Radio Broadcasts*) and monthly in *Hygeia, The Health Magazine*.

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network, coast to coast. Thirty weeks. Opened on November 2, 1939. Facts, drama, entertainment, music.

Pacific States:

KECA	Los Angeles	KEX	Portland
KFSD	San Diego	KJR	Seattle
KGO	San Francisco	KTMS	Santa Barbara
KGA Spokane		KGA Spokane	

Los Angeles County Medical Association.

The following is the Los Angeles County Medical Association's radio broadcast schedule for the month of April, 1941:

Saturday, April 5—KFAC, 8:45 a. m., Your Doctor and You. Saturday, April 5—KFI, 10:15 a. m., The Road of Health. Saturday, April 12—KFAC, 8:45 a. m., Your Doctor and You. Saturday, April 12—KFI, 10:15 a. m., The Road of Health. Saturday, April 19—KFAC, 8:45 a. m., Your Doctor and You. Saturday, April 19—KFI, 10:15 a. m., The Road of Health. Saturday, April 26—KFAC, 8:45 a. m., Your Doctor and You. Saturday, April 26—KFI, 10:15 a. m., The Road of Health.

If You Are Reading a Paper at the 1941 Annual Session†

. . . the *State Journal* will appreciate your following the suggestions listed below in the preparation of your manuscripts. These suggestions have been devised in order to save correspondence, avoid return of papers for changes, minimize the work of preparation for the printer, and save the high costs of corrections made on galley proof.

Size of Articles.—It is earnestly desired that scientific articles shall not exceed ten *Journal* pages at the outside. Even that number of pages tends to lower reader interest. An average of five or six seems to be the most desirable from this point of view. Calculation can readily be made by multiplying the number of double-spaced typewritten manuscript pages by the fraction two-fifths.

Manuscripts.—Papers must be typewritten on one side only of white sheets consecutively numbered, and be double spaced with one-inch margins. They should be prepared with great care so as to be typographically correct. All headings, titles, subtitles, and subheadings should be typed flush with the left-hand margin.

Titles.—The title should be brief and typed in capital letters. The subtitle can be longer and should be typed in cap and lower-case letters. Under the title, or subtitle, if there is one, should appear the name of the author and city in which he lives.

Subheadings.—Subheadings should be inserted by the author at appropriate intervals.

References.—It is the unfailing practice of the *State Journal* to use specific "references" rather than "bibli-

† From the *New York State Journal of Medicine*.

ography." There should appear in the text reference numbers, typed above and to the right of the word to which there is a reference. A list, consecutively numbered, should include the following items.

(a) Books—author's surname followed by initials; title of book; edition; location and name of publisher; year of publication; volume; and page number. Thus, Osler, W.: *Modern Medicine*, ed. 3, Philadelphia, Lea & Febiger, 1927, Vol. 5, p. 57.

(b) Periodicals—author's surname followed by initials; name of periodical, volume, page, month (day if necessary), year of publication. Thus, Leahy, Leon J.: *New York State J. Med.* 40:347 (March 1), 1940.

NOTE: *The Journal* does not include titles of articles.

Case Reports.—Instead of abstracts of hospital histories, authors should write these reports in a narrative style with properly completed sentences. All unimportant details should be deleted with such general negative statements as fit the case.

Tables.—While tables are very useful on lantern slides in the reading of papers, they fail of this purpose to a large extent in the printed page. For that reason it is urged that they be incorporated in the text.

Illustrations.—These should be kept to the minimum necessary to make clear the points to be registered by the author. In some instances they are imperative to proper understanding, in others they are merely picturesque.

Where illustrations are to be used they should accompany manuscripts and each should always be referred to in the text, preferably by number. Drawings or graphs should not be larger than 12 by 16 inches, and must be made with jet-black India ink on white paper or tracing cloth. *Do not use typewriter for lettering.* The smallest lettering on 8 by 10 inch copy should be no less than one-quarter inch high. Cross-section paper (white with black lines) may be used, but should not have more than four lines per inch. If finer ruled paper is used, the major division lines should be drawn in with black ink, omitting the finer divisions. In the case of finely ruled paper, only blue-lined paper can be accepted. Lettering and all markings must be large enough to be readable after reduction. Mail rolled or flat. Photographs should have clear black and white contrasts and be on glossy white paper.

Whenever possible "crop" photographs, *i. e.*, mark portion that can be excluded when reproduced. Crop marks should be on margin of photographs—not on the photographs.

It is important to mark the top of the illustration on the back, also its number as referred to in the text, thus, Fig. 1, 2, and the name and address of the author.

Legends should be typewritten on one sheet of paper and attached to the illustrations.

How to Become a "Fellow of the American Medical Association."—To be eligible to take part in the annual session of the American Medical Association at Cleveland, Ohio, June 2 to 6, 1941, a physician must be a Fellow of the American Medical Association. Physicians who contemplate attendance at this year's annual meeting of the American Medical Association and who desire to take part in the meetings of the scientific sections of the American Medical Association should now make formal application for Fellowship by writing directly to the American Medical Association, 535 North Dearborn Street, Chicago, Illinois. Every "member" of the American Medical Association (all members of the California Medical Association are "members" of the American Medical Association) is eligible to become a "Fellow of the American Medical Association."

The cost of American Medical Association Fellowship is \$8 per year, which covers subscription to *The Journal of the American Medical Association*.

International College of Surgeons to Meet in Mexico City.—The International College of Surgeons will hold its fifth international assembly in Mexico City, August 10 to 14, 1941, in response to the invitation of the Mexican Government. Those seeking travel information are advised to communicate with Dr. Max Thorek, International Executive Secretary, 850 West Irving Park Boulevard, Chicago.

"Foundation Prize."—The rules governing the award of "The Foundation Prize" of the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons:

1. The award, which shall be known as "The Foundation Prize," shall consist of \$150.

2. Eligible contestants shall include only (a) interns, residents, or graduate students in obstetrics, gynecology, or abdominal surgery; and (b) physicians (with an M. D. degree) who are actively practicing or teaching obstetrics, gynecology, or abdominal surgery.

3. Manuscripts must be presented under a nom de plume, which shall in no way indicate the author's identity to the secretary of the Association, together with a sealed envelope bearing the nom de plume and containing a card showing the name and address of the contestant. . . . For information, address: James R. Bloss, M. D., Secretary, 418 Eleventh Street, Huntington, West Virginia.

Theobald Smith Award.—Dr. Herald R. Cox, Principal Bacteriologist of the United States Public Health Service, stationed at the Public Health Service Rocky Mountain Laboratory, Hamilton, Montana, has been unanimously nominated by the Theobald Smith Award Committee to receive the 1940 Theobald Smith award in medical science. This honor is conferred on Doctor Cox for his outstanding research in the rickettsial diseases, resulting in the development of a new technique for the preparation of protective vaccines against Rocky Mountain spotted fever and typhus fever. The presentation was made at the meeting of the American Association for the Advancement of Science held in Philadelphia during December, 1940 and January, 1941.

The Theobald Smith Award was established in 1935 by Eli Lilly & Company, to be bestowed upon an investigator under thirty-five years of age for "demonstrated research in the field of the medical sciences, taking into consideration independence of thought and originality." The award consists of a bronze medal and a pecuniary consideration of \$1,000.

Noted Jelliffe Library is Acquired by Neuropsychiatric Institute of Hartford.—Acquisition of a 15,000 volume medical library described by bibliophiles as the most complete of its kind in the world, was recently announced by Dr. C. Charles Burlingame, Psychiatrist-in-Chief of the Neuropsychiatric Institute.

The library, representing a lifetime of collecting by Dr. Smith Ely Jelliffe of New York, nationally known psychiatrist and editor of the *Journal of Nervous and Mental Diseases* and the *Psychoanalytic Review*, is to be transferred to the Institute "to assure a permanent home for it under conditions which would be of satisfying benefit to future generations of psychiatrists and neurologists," according to Doctor Jelliffe.

The library is now in process of being shipped to Hartford, Doctor Burlingame stated. The Institute already has a sizeable library in its Science Building, it was pointed out, with thousands of volumes dating back to its founding in 1822, and with this latest acquisition will give the Institute the greatest library of this type in the country, if not in the whole world.

American Medical Golfing Association Golf Tournament, June 2.—The American Medical Golfing Association will hold its twenty-seventh annual tournament at Cleveland Country Club and Pepper Pike Club in Cleveland, Ohio, on Monday, June 2, 1941. Members may tee off from 7:30 a. m. to 2 p. m.

Thirty-six holes of golf will be played in competition for the fifty trophies and prizes in the eight events. . . .

All male Fellows of the American Medical Association are eligible and cordially invited to become members of the American Medical Golfing Association. Write Executive Secretary Bill Burns, 2020 Olds Tower, Lansing, Michigan, for application blank.

Incidence of Smallpox.—Smallpox has practically disappeared in the United States, where laws requiring vaccination for school attendance have been in force for a number of years, according to information just published by the United States Public Health Service.

In the twenty-year period, from 1900 to 1919, slightly more than three-quarters of a million cases of smallpox were reported in the United States, and in the two succeeding decades the number reported totaled nearly 700,000 cases, 75 per cent of which occurred in the decade from 1920 to 1929. During the period from 1900 to 1919, inclusive, 11,435 deaths from this disease were recorded, and from 1920 to 1939 the number fell to 5,337, 90 per cent of which occurred from 1920 to 1929. These figures were made public in a report by Dr. C. C. Dauer, Epidemiologist, District of Columbia Health Department, by the Public Health Service (Public Health Reports, Vol. 55, No. 50).

During the past forty years there has been a progressive change in the type of smallpox seen in the United States, a change from a large proportion of severe cases with a relatively large number of deaths to a greater percentage of the mild type with very few deaths.

A large proportion of the cases reported in the past decade have occurred in the north-central and northwestern sections of the country, while in the eastern part of the United States the disease has practically vanished.

United States Public Health Service Activities During 1940.—Coöperative health activities with the states continued both in venereal disease control and general health services. Research contained under the National Cancer Act in various phases of the complicated cancer problem, with increasing coöperation of many scientific institutions in the country.

Outstanding progress was made in connection with knowledge of three important diseases. For the first time it was found that the common house mouse harbors the virus of lymphocytic choriomeningitis, and that the disease without nervous symptoms appears to be widespread. A strain of poliomyelitis was introduced successfully into the eastern cotton rat and thence into white mice. Heretofore the monkey has been the only laboratory animal susceptible to this disease. "The discovery that the white mouse contracts the disease with characteristic symptoms makes possible a great expansion of laboratory research in various aspects of the poliomyelitis problem," Surgeon-General Parran revealed.

During the year an egg-culture vaccine was developed which offers real hope for immunization against epidemic typhus fever. The importance of this discovery is accentuated because typhus fever traditionally has become epidemic in war-torn countries. A supply of this vaccine has been sent to Hungary and Rumania for test under field conditions.

NYA Allots Millions for Defense Work.—Washington, April 6 (AP).—The National Youth Administration today allotted \$21,955,000 to the forty-eight states, Puerto Rico, and the District of Columbia to train youth for defense employment.

Approximately 384,000 out-of-school young men and women will receive such training from April through June, NYA said.

Among the allotments, California got \$926,575.—*San Francisco Examiner*, April 7.

"Medical Politician."—The reiteration of a commonly used phrase the other day occasioned the analysis of the scientific status of your officers. Perhaps you have called your councilor or other officer a "medical politician." By using this careless and oftentimes offending appellation you indicate a belief in your mind that these men are sacrificing their scientific advancement for political conquests.

There are twenty-one men in this group; one-third are certified by their specialty boards; two-thirds are members, either of the American College of Surgeons or of the American College of Physicians. They are divided about fifty-fifty between the specialists and the general practitioners. Every man is actively in the private practice of medicine. At least five of the men have published scientific articles.

If you still insist on calling these scientific gentlemen "medical politicians," remember that it is better for you to be led by "medical politicians" of your own choosing than to be governed by politicians, neither scientific nor chosen by you.—*Jour. Michigan S. M. S.*

New Officers of Hospital Associations.—Dr. Benjamin W. Black, Medical Director of Alameda County, is now the president of the American Hospital Association. At the Western Hospital Convention in San Francisco, Ellard L. Slack, Superintendent of Merritt Hospital, was elected president of the Association of Western Hospitals and Alfred E. Maffly, Superintendent of Berkeley Hospital, was elected state treasurer of the Association of California Hospitals. New officers of the East Bay Hospital Conference are: A. C. Jensen of Fairmont Hospital, president; J. S. Rafter of Richmond Hospital, vice-president; Ruth Wescott of Alameda Hospital, secretary.

Medicine for the Needy.—One serious charge made against the medical profession is that the cost of its service puts it out of reach of a considerable proportion of the people. That charge has been thoroughly investigated and found to be largely baseless. The Bureau of Medical Economics of the American Medical Association has made an exhaustive study and found that there are few persons in this country desiring medical aid who are unable to obtain it. When queried, the mayors of one hundred typical cities on all population brackets testified that there was no neglect of the poor because of their inability to pay.

Anyone who has seen the medical profession in action knows the truth of this. The average doctor can give but part of his day to the care of patients who pay him. Many hours in each week are given to charitable work in hospitals, homes and institutions, treating the indigent whom he knows will never be able to meet a bill. The great majority of doctors base their charges on the ability to pay, and those who can pay nothing are given the same scrupulous treatment as the wealthiest patient.

It is reliably estimated that the doctors give at least \$1,000,000 a day of free service to the sick in this country. The sum of \$365,000,000 a year is a munificent contribution indeed to the cause of public health. The old saying that "time is money" is particularly applicable to the doctor, and he gives it generously to the needy. No man or woman, no matter how meager his resources, need lack expert attention in time of accident or illness.—Editorial in *Berkeley Courier*.

Helium Used to Eliminate Explosions in Anesthetic Agents.—The use of the wonder-gas, helium, in eliminating the explosive hazard of certain anesthetic agents was recently discussed by George W. Jones, chemist, Bureau of Mines, United States Department of the Interior.

To secure relaxation of the patient and eliminate pain during operations, medical science has long depended upon anesthetic agents such as ether. Such agents, if combustible, may be explosive when in mixture with air. In relatively recent years, the widespread adoption of ethylene and cyclopropane for such purposes has contributed to these explosive hazards. If flame or sparks accidentally set off the mixture of combustible agent and air breathed by the patient, death may result. Fortunately, great care is usually exercised to insure elimination of sources of ignition and the fatalities have been relatively few. However, it is impossible to overcome completely the possibility of accident leading to sparks or high temperatures because surgical lamps, x-ray apparatus, diathermic apparatus, cauteries and other heated instruments may be required or static electricity may be generated by necessary movements.

The Bureau of Mines has developed a technique using helium that permits the use of nonexplosive gas mixtures containing combustibles for anesthesia.

From a President's Message.—There are 175,382 physicians in the United States. It is estimated that approximately 140,000 of this number are in private practice. Of these, the Directory of the American Medical Association lists 36,483 as limiting their practice to the various specialties. This would make the proportion of general practitioners to specialists 4 to 1.

Representation in the House of Delegates of the American Medical Association, on the other hand, is 2 to 1 in favor of specialists, and in Pennsylvania the proportion is 3 or 4 to 1. This is ascribed to various causes, the chief one probably being the general practitioner's apathy toward medical organization and society meetings, and to the fact that specialists are usually good society men, for it is here they sell their wares to the general practitioner.

Probably the specialist represents the general practitioner with great fairness, but he may not be so acutely aware of the general practitioner's problems, since in the main they do not bother the specialist.

If the general practitioner wants to be heard, he should come out to the meetings and not be afraid to talk and let his views be known. He should have a "say" in the selection of delegates. He should at all times be a strong organization man. He should battle against ever having an inferiority complex.—*The Bulletin* (Lycoming County Medical Society).

California Medical Association Membership Lapsed on April 1 if State Association Dues Were Not Paid.—To comply with the United States postal regulations and the provisions of the Constitution and By-Laws of the California Medical Association, CALIFORNIA AND WESTERN MEDICINE was compelled to remove from its mailing list after the April issue, the names of all physicians whose 1941 dues had not been received at the San Francisco headquarters office.

Also, on date of April 1, the State Association was obliged to remove such names from its membership roster and report to the American Medical Association the names of physicians whose dues were unpaid, so the American Medical Association could remove such names from its roster.

These complications can be avoided if all physicians who have not paid their 1941 State Association dues will take care of this important matter immediately.

Dues should be paid to secretary-treasurers of county medical societies, who will transmit them to the San Francisco office. State Association dues for 1941 are \$15.

Payment of dues will assure receipt of the succeeding issues of CALIFORNIA AND WESTERN MEDICINE. Also, it will restore a physician to membership in the State Association and make him eligible to receive the benefits and services offered by the State Association and the American Medical Association.

Members delinquent in dues on April 1 of a calendar year, and who later in the same year pay their dues, are restored to membership by action of the California Medical Association Council.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Health Insurance Plan Opposed

Proposals favoring a compulsory health insurance program for California were rejected by a vote of nearly 5 to 1 by members of the Commonwealth Club's section on public health, it was revealed today.

Majority and minority reports of the health section were submitted to the membership of the club last night at a banquet in Hotel Bellevue.

Dr. Eugene S. Kilgore, presenting arguments for the majority report, declared compulsory health insurance was bureaucratic.

Dr. Samuel A. Goldman, presenting the arguments on behalf of the minority report, said that many workers unable to pay for medical aid go without needed care.—*San Francisco Chronicle*, March 21.

* * *

San Francisco Doctors Score City Health Service County Medical Society Head Tells Members to "Clean House"

Angered at refusal of directors of the Municipal Employees' Health Service System to keep a bargain, San Francisco doctors yesterday appealed over the directors' heads to the members of the system.

Dr. Harold A. Fletcher, president of the County Medical Society, called on members to clean house, declaring the whole system is in danger of collapse if they don't.

Reject Fee Slate

Cause of the trouble was refusal of the health service board to accept Thursday night a new schedule of fees which 86 per cent of all doctors had approved, and which 94 per cent of the doctors with the most business had approved.

Despite an earlier agreement to accept the new schedule if doctors approved it, the health service board failed to muster the necessary two-thirds majority for it. Negative votes by Martin F. Wormuth and John Kane killed the slate.

Collapse Threatened

"This is another instance of the bungling incompetence, instability and unreliability on the part of the health service board with which doctors had to contend for the past two and one-half years," said Doctor Fletcher.

"The municipal employees had better look into this situation themselves and clean house, or the first thing they know their group health insurance venture, with which we doctors have been happy to coöperate, will collapse."

The executive committee of the board of directors of the County Medical Society will meet today to decide what its next step will be.

Pointedly the statement of the society mentioned that Wormuth and Kane will be up for reelection in May.—*San Francisco Examiner*, March 21.

* * *

San Francisco Employees' Health Service Ruined by Politics

The City Employees' Health Service System which started out as a legitimate effort to get group medical service at reduced costs, has degenerated into a political racket.

The members of the board administrating this group plan for the city employees have become obsessed with their own importance and have entered into mutual squabbles and recriminations which have discredited both the board and the system.

At the outset the doctors accepted a schedule of extremely low fees in the belief that this would be offset in part by guaranteed payment without additional collection expense. Instead, they found that even these low fees

remained unpaid for months and then were paid off at as low as 52 cents on the dollar or not paid at all.

Meanwhile, the clerical work necessary for the numerous reports required by the health system added heavily to the doctors' office expenses. The net result was to make this part of their practice a headache.

The doctors pleaded again and again for fair play from the health system. They got nothing but promises—and the promises never were kept.

The latest example was an offer from the health system's board of directors to accept a new schedule of fees if 75 per cent of the doctors voted for that schedule. Ninety-four per cent of the doctors duly voted for the new schedule. Thereupon two directors of the system repudiated the new fee schedule which the directors themselves had offered.

Wholesale withdrawal of doctors from the city employees' group health plan is now under way. The result of these withdrawals will be merely to put city employees in the same situation as the rest of the population. They can still have treatment from any doctor they want, but they will have to pay for it at the same rates paid by thousands of other San Franciscans, instead of chiseling on the rates.

The city employees had a good thing, but apparently are determined to kick it away. There is no good reason, anyway, why city employees, who already enjoy security and many other privileges not given to private employees, should have medical service at lower cost than the rest of the people.—Editorial, *San Francisco Examiner*, March 27.

* * *

Man Is Charged with Posing as Doctor

C. A. DeVere, 49, was booked in the county jail here Tuesday morning, charged with violating a section of the business and professions code by posing as a doctor without the proper credentials.

DeVere was arrested in Colfax by Constable William McCleary on a complaint signed by J. W. Williams, an investigator for the California Medical Association.

He pleaded not guilty to the charge in the justice court of Judge Dolphus Dittimore and his trial was set for March 27.

According to District Attorney Lowell Sparks, DeVere had been contacting a number of doctors in Placer County for the purpose of organizing a class in anatomy.

Several doctors had signed up to take the course, although DeVere had not collected any money from them. . .

He had in his possession a number of specimens of parts of the human anatomy, preserved in alcohol, which he used in his lectures.

The section of the business and professions code which he is charged with violating is a misdemeanor. DeVere engaged Attorney Wallace Shepard of Sacramento to defend him.—*Auburn Journal Republican*, March 20.

* * *

"Free to All"

Medical Care Bill Is Filed

Sacramento, March 8 (UP)—An initiative constitutional amendment which would designate the practice of medicine and its related arts, sciences and auxiliary professions as a "public utility," and provide for its socialization was filed with Secretary of State Paul Peeks today.

The measure, submitted by Avery C. Moore of Oakland, called for creation of a Department of Medical Care, administered by a board of sixteen persons appointed by the governor with the governor and attorney general as ex officio members.

Each division under the department would be represented by two persons trained in that phase, while the general public would represent the general public. The various services would be "free to all people," according to Moore's proposal.

Moore requested the proposal be submitted to Attorney General Earl Warren for a title and summary, then be circulated in petition form for submission to the electorate.—*San Francisco Chronicle*, March 9.

* * *

Court Denies Acquittal Order for American Medical Association in Antitrust Case

Washington, March 7 (AP).—Justice James M. Proctor of the federal district court today refused to direct the acquittal of the American Medical Association, on trial for violation of the Sherman Antitrust Act.

He made the ruling in directing the acquittal of four of the American Medical Association's codefendants.

Several Are Cleared

Dr. Leon A. Martel and Dr. J. Rogers Young, Washington physicians named in the original indictment, and the

Washington Academy of Surgery and the Harris County, Texas, Medical Society, thus were exonerated.

"As to the other defendants, I think the evidence is sufficient to put them on the defense and accordingly the motion is denied as to them," Justice Proctor said.

These other defendants include the American Medical Association, the District of Columbia Medical Society and eighteen physicians.

Restraint Conspiracy

Justice Department prosecution of the organization and doctors is based on charges of a conspiracy to restrain trade in the alleged hampering of activities of the Group Health Association, a coöperative whose members receive medical treatment in return for a fixed monthly fee.

Justice Proctor told the jury his action in freeing four of the defendants should have no bearing as to what conclusions the jury may reach as to the other defendants. He said he simply determined there was insufficient evidence to submit the cases of the four to the jury.—*Sacramento Bee*, March 7.

* * *

Spoils System and Public Health

The argument over government socialized medicine produces considerable confusion in the public mind.

The medical profession is not, as some seem to believe, stubbornly opposed to the efforts of government to aid the sick and diseased. It heartily approves of such efforts when legitimate and sound. It supports government hospitals where private facilities are lacking—supports government medical aid of those afflicted with mental and nervous diseases—supports the long established, excellent work done by the public health service.

Since 1874, surprising as it may seem, the American Medical Association has repeatedly urged the establishment of a federal department of health with a secretary who shall be a doctor of medicine and a member of the President's cabinet. It has invariably offered whole-hearted cooperation in developing efficient and economical ways of expanding public health and maternal and child health services.

What, then, does the medical profession—along with qualified laymen—oppose?

It opposes political ventures in the medical field which would inevitably and rapidly reduce public health standards—and destroy or hamper essential work in the battle against disease. Political domination of the medical profession would mean that a doctor's political pull was more important than his abilities as a practitioner. It would mean that medicine would become a great new field for political patronage. Thus, it would mean unnecessary death, unnecessary suffering, unnecessary illness.

A doctor's party label has no influence on his expertness at diagnosis and prognosis. But, under socialized medicine, the party label would come first.—*Walnut Creek Courier-Journal*, February 20.

* * *

Wills \$50,000 to University of California for Medical Study

Establishment of a chair to conduct special research in tropical medicine at the University of California was assured today with the filing of the will of Mrs. Florence B. Musgrave of Hotel Claremont, which stipulates that over \$50,000 be given the university for this study.

The university has made outstanding contributions in the field of tropical medicine. Dr. Alfred C. Reed, a specialist in this subject, has received international recognition for his work.

Mrs. Musgrave, widow of the late Dr. William E. Musgrave, widely known California physician, in a will dated January 27, 1936, with fourteen additional articles, leaves \$500 to the San Francisco Society for the Prevention of Cruelty to Animals; \$1,000 to a sister, Mrs. Rose A. Croke of San Francisco, and the residue of the estate to be given the university to create a chair of tropical medicine to be known as the William E. Musgrave Memorial.

Attorneys filing the will for probate in Superior Court this morning, stated that the residue would total over \$50,000. Mrs. Musgrave's will specifically states that the chair be established in the Pacific Institute in Berkeley within the Hooper Foundation of the University of California.

In addition, the will also specifies that a professorship be established to conduct this study. Executors of the estate are Dr. Howard Morrow of San Francisco, Walter A. Starr of Piedmont, and Garret W. McEnerney, chairman of the Board of Regents, University of California.

Mrs. Musgrave died February 4 at Hotel Claremont, where she had resided for several years. Her husband, the late Doctor Musgrave, was secretary of the California Medical Association, and was a contributing editor to the American Medical Association magazine. Mrs. Musgrave was a native of England.—*Berkeley Gazette*, February 26.

Dog Pound Bill

The senate public health and safety committee has set 9 o'clock next Tuesday morning as the time for a second hearing on Senate Bill 488, by Senator Frank L. Gordon of Napa County, which would place the disposal of animals from public pounds, for medical and research purposes, under the State Department of Public Health.

At the beginning of a preliminary hearing on the proposal yesterday, Senator Gordon arose and identified himself as the author by stating:

"I have been painted as someone with horns and all that. Look me over."

Mrs. Alice M. Clark of San Francisco, representing the Pacific Cat Club, said she and a group of women who are opposed to the bill are interested particularly in protecting dogs and other pets which may come in the hands of the poundmaster and subsequently be turned over to laboratories before the owners are aware of the animals' whereabouts.

The health and safety committee tabled Senate Bill 245, by Senator Irwin T. Quinn of Humboldt County, which would have fixed by law a minimum salary of \$50 a month for medical internes in California hospitals.

Representatives of the Los Angeles County Hospital and the San Francisco City and County Hospital, in opposing the bill, declared its passage would increase the cost of operating the Los Angeles institution \$62,000 a year and the San Francisco hospital \$60,000.

Quinn said the internes in California hospitals receive on an average of \$15.50 per month during their year of required service.—Sacramento *Bee*, March 12.

* * *

California Health League Elects

Dr. Peter Blong, Alhambra physician, recently was elected president of the California Public Health League.

The league is the official economic and political arm of the Medical Association of California, with offices at Los Angeles, San Francisco and Sacramento.

Leaders in the medical and medical educational field are included among its members.—Alhambra *Post-Advocate*, February 26.

* * *

Medical Men to Plan Aid for Defense

San Francisco (AP).—Ways giving effective aid to the national defense program without impairing service to the civilian population will be discussed by hospital executives of the eleven western states beginning here today.

It will be the fifteenth annual convention of the Association of Western Hospitals. The medical phase of the national defense program already has affected many of the institutions to be represented.

Under the theme "Hospital Preparedness in a Democracy," some of the nation's leaders in hospital administration will suggest means of keeping the various institutions ready for service in military or local emergencies and at the same time co-operating with the government on the medical features of defense.

Clarence J. Cummings of Tacoma, president of the association, said about two thousand delegates were expected. The convention starts tomorrow with religious services in connection with the western conference of the Catholic Hospital Association, a major component of the association proper. General assemblies will be held tomorrow through Thursday, with allied group meetings filling out the five-day program.—Sacramento *Union*, March 2.

* * *

Hospital Group Opens Sessions**Deferment of Drafted Personnel Sought**

How can hospitals give more effective aid to the preparedness program? What will the effect of selective service be on hospital staffs? How quickly can women be trained to replace men at strategic points in the various fields of hospital service?

Those and many other questions currently important to hospital welfare will be discussed in the five-day convention of the Association of Western Hospitals, which opened today at the Fairmont Hotel with more than two thousand delegates attending.

Dr. B. W. Caldwell, Chicago, executive secretary of the association, told of legislation before Congress asking for deferment of hospital personnel from selective service as "an industry essential to national defense."

Doctor Caldwell said study sessions at the convention would be pointed toward working out a studied plan to follow the needs and influences of the preparedness program. Such a farsighted program must be prepared for the increasing hospital needs in wartime, he said.

Ellard L. Slack, administrator at Merritt Hospital, Oakland, urged members to maintain a supply and inventory six months ahead of their minimum level. He pointed out the hospital association had petitioned the National De-

fense Council to give civilian hospitals the same priority of delivery as other defense agencies.

Dr. Arthur C. Bachmeyer, president of the American College of Hospital Administrators, spoke on the long-range preparedness program and its effect on hospitals. He said hospitals are already adjusting themselves to the problem of departure of personnel to military or technical posts in the defense program.

Catholic delegates opened their conference yesterday with a solemn mass at St. Mary's Cathedral, followed by a luncheon for Catholic sisters at St. Joseph's Hospital.—San Francisco *News*, March 27.

* * *

Two Hundred Years Before

Editor: Dr. L. F. Barker, professor emeritus of medicine at Johns Hopkins medical school, in a paper read before the New York school of social workers, stated that the age to which a man lives is determined before his birth. Dr. Oliver Wendell Holmes stated that the time to begin training a child is two hundred years before his birth.

Life insurance companies base their risks largely on the history of the ancestors of their insured. Medical men are influenced in their opinions on diagnosis and prognosis largely by the family history, all of which is another way of stating that heredity plays an important rôle in shaping our lives.

It has long been recognized that heredity plays an important part in plant and animal industry, and scientists have utilized that fact to improve their stock. More and more thinking people are realizing the importance of heredity in the human family.

Recently there has been issued a brochure containing the names of 110 scientists, professors, educators, ministers, lawyers and doctors, endorsing the work of the American Eugenics Society. This number could be increased by many thousands of similar people who feel the necessity of improving the human family through improving their heredity.

Approximately three hundred colleges and universities in the United States use literature put out by the eugenics as texts for their genetic and biological classes.—Eugene H. Pitts, M. D.—Sacramento *Union*, February 27.

* * *

Hospital Officials Told Defense Needs

Executives of western hospitals delved farther today into the problems of civilian and military needs after being warned at opening sessions of their conference at the Fairmont Hotel yesterday that "the emergency already is here."

Lieutenant-Colonel John F. Corby, M. D., of the Ninth Corps Area, warned that many more physicians and surgeons will be needed with the rapid expansion of the Army.

Dr. L. R. Chandler, dean of the Stanford University Medical School, suggested that all hospitals investigate themselves "critically and honestly" to determine minimum operating staff sizes.

An even more grim suggestion came from Dr. Benjamin W. Black, medical director of Alameda County Hospital and head of the American Hospital Association. He proposed studies be made at once of bomb-proof operating rooms, blackouts and sandbag protection, particularly in hospitals located near the coast lines and near large military establishments.—San Francisco *News*, March 4.

* * *

State Pound Bill Tabled in Senate**Humane Groups Oppose Act to Give Health Board Power Over Strays**

Examiner Bureau, Sacramento, March 18.—By a vote of 8 to 1, the senate committee on public health and safety tabled Senator Frank Gordon's so-called humane pound bill, sponsored by the California Medical Association.

Major opposition came from the California Citizens Humane Committee for the Protection of Pound Animals, of which Clarence E. Richards was the spokesman, and the Tailwaggers Foundation of America, headed in California by Mrs. Frank Borzage.

Interference Denied

The bill's opponents disclaimed any effort to interfere with legitimate scientific experimentation on animals.

They declared that the State Board of Health under the proposed new law would be given complete power over the disposition of stray animals, in effect confiscating property, and also making useless the work of privately endowed humane organizations.

Senator Protests

Senator Robert W. Kenny of Los Angeles declared that as a dog owner, who paid a license fee each year, he "opposed giving any state board the right to take three-

quarters of a million dollars in Los Angeles alone each year from dog owners, and direct the spending of it."

James Lindsay, for the Tailwaggers Foundation; Charles Friedrichs, of the State Humane Association; Louis Burke, of the League of California Cities, and William H. Neal, assistant Los Angeles city attorney, and Mrs. Billie Burke Ziegfeld, of the Tailwaggers Foundation, were among the others who spoke against the bill.—*San Francisco Examiner*, March 19.

* * *

Porter Clinic Stone-Laying

Cornerstone-laying ceremonies for the Langley Porter Clinic on the campus of the University of California Medical Center, Third and Parnassus avenues, will be held at 2:30 o'clock tomorrow afternoon, with scores of state, city, and county officials taking part, as well as medical leaders of the bay area.

The clinic will cost about \$500,000, and will be a neuro-psychiatric unit of the Department of Institutions and will be under direction of the medical school.

Honor Doctor Porter

It is named in honor of Dr. Langley Porter, dean emeritus of the University of California Medical School.

Dr. Aaron J. Rosanoff, Director of the State Department of Institutions, will be master of ceremonies, with Governor Olson laying the cornerstone.

Doctor Porter will speak, as will Robert Gordon Sproul, University President.

Wilbur Invited

Music by the band of the University of California will open and close the program, to which the invited guests include Dr. Ray Lyman Wilbur, President of Stanford University, and Dr. Walter L. Treadway, Medical Director of the United States Public Health Service.—*San Francisco Call-Bulletin*, April 4.

LETTERS†

Concerning Gratuitous Medical Service Examinations Under the Selective Service Act.

HAROLD A. FLETCHER, M. D.

RUSSELL FLETCHER, M. D.

SAN FRANCISCO

March 5, 1941.

To the Editor:—I am enclosing a short series of letters on the medical examinations for the Draft Boards, which are more or less self-explanatory. The first is a postscript of a letter from Harry Wiley to my brother Russell, which I answered for Russell, and my reply is enclosed; also, Doctor Wiley's reply as well as his reply to my letter suggesting that it might be of interest to publish these letters or parts of them in the *JOURNAL*, possibly under a column devoted to a discussion of this subject, and inviting further comments from other doctors throughout the state.

I realize that the Council has taken this subject up, but I feel that the sooner the County Medical Societies begin to think about positive action to correct the bad conditions to get some concerted action at the next annual session, the better it will be. As it stands now, this job which has been dumped into the lap of the medical profession, stands as an outright super- and exorbitant tax on the medical profession above the taxation which is placed on the rest of the taxpayers, both state and national. I feel very definitely that this is going to be a long program, and the medical profession should, as a whole, go to the Governor and to the State and demand that this special taxation on the medical profession be removed, and that doctors be reimbursed for their services.

. . . I think that the sooner thorough general discussion of this subject is brought about, the better. The medical men are becoming very restless under the present régime

†CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

of arduous examinations which they are asked to donate gratis.

With my kindest personal regards, I remain

Sincerely yours,

HAROLD A. FLETCHER, M. D.

* * *

Huntington Park, February 8, 1941.

Harold A. Fletcher, M. D.
Medico-Dental Building
490 Post Street
San Francisco, California

Dear Harold:

Your letter of the 29th received. Thanks a lot. It is perfectly agreeable with me to have our letters sent to CALIFORNIA AND WESTERN MEDICINE, and I feel as you do that if they were published in the JOURNAL they might provoke some healthy discussion. There are a lot of things that the delegates should be thinking about between now and the annual session, and this is one of them.

With very kindest regards, I am

Sincerely,

HARRY WILEY, M. D.

* * *

January 21, 1941.

Harry Wiley, M. D.
2701 Florence Avenue
Huntington Park, California

Dear Doctor Wiley:

Russell turned over the postscript of your letter to me regarding the work that has been thrown upon the medical profession with regard to the Selective Draft Board.

I think your questions are absolutely right and justified, and are very pertinent to the situation that we have in hand. I think these questions could very rightly be taken up in every one of the various County Medical Societies, and thoroughly discussed; then their delegates to the State Association could come to some definite conclusion as to what the medical profession's continued attitude toward this should be. If this is done, at least we would all know more about it, and we could come to some more definite conclusions.

The work of the Defense Program, as we all know, is so great that it is hard to determine how it can best be accomplished. The position of the medical men on the local Draft Boards goes back to the Medical Defense Committee's work of the American Medical Association. The American Medical Association, as well as our state societies, of course, must do their part and assume their responsibilities in the defense program as far as medicine is concerned. This committee has been working for years, and particularly during the past two years it has been working intensively on the question. Doctor Dukes of Oakland, who is past president of the California Medical Association, is chairman of the Western Division of the California Medical Association Committee, and Dr. Philip K. Gilman and others of the State Society have done their best to organize this work and spread it out over the medical profession as fairly as possible. When it came down to the Selective Draft, the United States Government left this problem in the hands of each State to handle as its own problem. Whether some States were able to raise money to pay a minimum charge for doctors' services in examining the draftees or not, I do not know. However, in California I know that the powers that be in Sacramento do not feel that the State has any money for this work. Therefore, the doctors and the lay workers on the Draft Boards are unpaid, with the exception of certain full-time technical clerks. The Army, of course, could not possibly supply the medical men for this work, as they do not have enough medical men in the Army at present to carry on their own work. A draftee is not in the Army,

as yet, and it is only when he comes up to the Induction Board that he becomes a part of the Army.

Here in San Francisco, after having the problem completely balled up by the Governor and the Adjutant-General's office, who are not following the plans of the American Medical Association Committee on Medical Defense, the County Medical Society here took things in hand and got it fairly well straightened out so that the work is spread out over a great many of doctors without too much concentration on certain ones. However, the problem is still present, and as time goes on it should be worked out with more fairness to the medical profession.

With my kindest personal regards, I remain

Sincerely yours,

HAROLD A. FLETCHER, M. D.

1 1 1

(COPY)

Enclosure

HARRY WILEY, M. D.

HUNTINGTON PARK, CALIFORNIA

Postscript of a letter addressed to Russell Fletcher, M. D., and dated January 16, 1941.

P. S.—Note in this month's CALIFORNIA AND WESTERN MEDICINE where Harold, as chairman of a special committee of the San Francisco County Medical Society, called a meeting with Colonel Bert S. Thomas and staff of the California Adjutant-General's medical department, etc. One question I would like to put to Harold, to the county medical societies, to the Governor, the Government, and everybody concerned:

Why are they asking the medical profession to examine these draftees gratis? It is taking hours and hours of their time and I know many down here are doing it at a great sacrifice. Why wouldn't it be a simple solution to detail a man already in the service on salary to go from Board to Board and do this examining?

HARRY WILEY, M. D.

1 1 1

Huntington Park, California,
January 27, 1941.

Harold A. Fletcher, M. D.
Medico-Dental Building
490 Post Street
San Francisco, California

My dear Harold:

Many thanks for your letter of the 21st. I feel that we are all in accord on this matter, but sort of working at cross-purposes. I like your suggestion that it should be taken up with the various county medical societies, and I wish I were big enough and influential enough to take it up not only with our own county medical societies, but with all the State Associations and the American Medical Association. To my way of thinking, it is one of the great injustices, regardless of all others, that we have had to suffer and that has ever been placed upon the medical profession.

I agree with you that the Defense Program is large and great, but I do not agree with you that it is hard to determine how it can best be accomplished. It will easily be accomplished if the entire American public, including capitalists, bankers, manufacturers, workers (including representatives of all unions), lawyers, dentists, medical profession, and *everybody* who constitutes America, give their utmost to putting across the Defense Program. However, in the present position, the medical men are expected to give something for nothing, which nobody else will. If everybody else connected with the Defense Program—which, after all, I think would be the ideal way—gave their time and service, then it would be just and right to expect the medical profession to do likewise. If the medical men are expected to do this, then why shouldn't the lawyers,

the dentists, the laborers, especially the high-up officials of the unions, give their time for nothing? Perhaps I am a trifle radical, but I still think my argument is just.

You bring up the point that the Army could not possibly supply medical men for this work, and I must disagree with you heartily. They could easily order enough reserve officers to do all this examining. You state that a draftee is not in the Army, and yet at behest of the Government he is ordered up to become a part of the Army. During times when an emergency does not exist, the Army maintains recruiting offices, consisting usually of a medical officer and a sergeant of the Medical Corps, and they stay at the recruiting office for months at a time on full pay with only an occasional applicant whom they examine. Why shouldn't they now be given full time and examine twelve or fifteen draftees a day? When I went into the service in No. 1 War, I did this very recruiting duty for the first three weeks, and, from my experience of that time, I know that it could easily be accomplished by medical army officers who are being paid for their services.

Hoping that we will be able to work this thing out, I am with very kindest regards,

Yours,

HARRY WILEY, M. D.

Concerning Hardships on Medical Reserve Officers: A Letter with Queries.

April 1, 1941.

To the Editor:—A condition which some of us feel warrants the attention of the California Medical Association and the American Medical Association has arisen as a result of the present emergency and the methods adopted by the Army and the Navy Departments.

From conversations with other Reserve officers and from outside reports, I think my own experience is perhaps typical of the situation. Many of us have belonged to the Reserve for several years, and when the question of remaining as such arose we were assured that we would not, and in fact could not, be called to active duty without consent except in time of war. As late as November, 1940, we were officially advised not to give up present civilian occupations, and emphasizing the fact that every consideration would be given in case of call so as to work no unnecessary hardship in adjusting affairs, also recommending that those wishing deferment submit letter stating their reasons. Yet less than ten days after receiving this memorandum, orders were issued to some of us, giving from four to fifteen days in which to report for active duty, in most cases, some distance from our homes.

The result has been that in most cases the doctors concerned were forced to simply close their offices and leave both patients and personal affairs in confusion. The fact that many of us were heavily obligated in the way of real estate, etc., made the situation increasingly bad. This method of procedure has in no way helped the morale of those concerned, many of whom feel it unnecessarily severe under present conditions of so-called peace.

The result of this inability to make adjustments will undoubtedly be that most of us will not only lose our hard-won practices, but possibly our investments in equipment and property. Under recent laws, those called for a year with the National Guard and Selective Service are assured of their jobs upon return to civil life, but these do not protect professional and business men required to leave their business.

As far as I can ascertain, medical officers have no assurance that, when the emergency is over, they will not be simply dropped at the discretion of the Army and the Navy officials as coldly as they were inducted, perhaps with as little warning, and probably in a period of depression. That this will work great hardships upon thousands of them now sacrificing their practices is no question.

It seems only just that pressure be brought to provide some protection, either in choice as to remaining in regular service, or in some form of cash allowance, to give a reserve while again locating in civil life. An equitable form of the latter would be half the annual base pay such as is now provided in case of death. The time to take this action is now, when the need for medical officers is acute. We, in early active duty, are now the victims of this situation, but if war comes many now actually profiting by our absence will be placed in the same category. Only by organized effort by our representative organizations can this be accomplished.

Fraternally,

(Signed) : _____

Concerning Meeting of the Western Branch, American Public Health Association.

San Francisco, March 13, 1941.

To the Editor:—May we ask you to call to the attention of your readers the twelfth annual meeting of the Western Branch, American Public Health Association, at Hotel San Diego, San Diego, May 26 to 29, 1941.

I am enclosing information on the various sessions for your use. For further information, please write to W. Ford Higby, 45 Second Street, San Francisco.

Sincerely yours,

(Signed) W. F. HIGBY,
Secretary.

1 1 1

The annual meeting of the Western Branch, American Public Health Association, will be held at Hotel San Diego, San Diego, from May 26 to May 29, 1941. Plans are being laid to build this meeting around the National Defense Program as it affects the public health worker. There will be sessions on Housing, Venereal Disease, Maternal and Child Hygiene, Industrial Hygiene, and Sanitary Engineering. All of these sessions will consider the problems from the national, state, and local viewpoint as well as from the military viewpoint, and also the health education and nursing aspects of these problems.

The session on Housing will be presided over by Dr. Bertram P. Brown, Director, California Department of Public Health.

It is hoped that Dr. Edith P. Sappington, Regional Medical Consultant, Children's Bureau, United States Department of Labor, will preside at the Maternal and Child Hygiene session.

Dr. K. F. Meyer, Director, Hooper Foundation of Medical Research, San Francisco, will lead the session on Communicable Diseases.

Frederick Carlyle Roberts, Jr., State Sanitary Engineer, Arizona State Board of Health, will lead the session on Industrial Hygiene and Sanitary Engineering.

Dr. William F. Snow, Chairman, Executive Committee, American Social Hygiene Association, will preside over the Venereal Disease Session.

Dr. Reginald M. Atwater, Executive Secretary, American Public Health Association, will lead an important discussion on the strengthening of our local health departments as a means of aiding in the National Defense Program.

The opening meeting will present as the speaker of the day, Dr. W. P. Shepard, President, Western Branch, American Public Health Association. On the same program, Dr. J. C. Geiger, Director, San Francisco Department of Public Health, will speak on the subject, "England's Wartime Experience in Public Health and What We in This Country Can Learn From It." Also, there will be an address by Dr. W. T. Harrison, Medical Director, Liaison Officer, United States Public Health Service, care

of Ninth Corps Area, on "The Public Health Program in Areas Adjacent to Military Centers."

James G. Stone, Executive Secretary, Los Angeles County Tuberculosis and Health Association, who is the chairman of the Program Committee, assures us that this program will not lag for one moment from Monday morning until Thursday night, except for Wednesday afternoon, which will be left open for meetings of affiliated groups and for recreation.

Concerning Sulfathiazole-Winthrop.

(COPY)

WINTHROP CHEMICAL COMPANY, INC.
170 VARICK STREET—NEW YORK, N. Y.

Sulfathiazole-Winthrop

Important Notice

April 3, 1941.

To the Editor:—In the manufacture of tablets of Sulfathiazole-Winthrop, "M. P." control series (December, 1940), some of the tablets were accidentally contaminated with phenobarbital. Immediately upon discovery of this, active steps were taken by us to recover this entire series.

Our attempt to assure the return of all tablets of the "M. P." control series is being continued, in conjunction with the nation-wide effort of the U. S. Food and Drug Administration and other public agencies. In the interest of public safety, your prompt coöperation with us and with these public agencies in this search will be greatly appreciated, as these contaminated tablets may be dangerous.

Please examine the mark on every package of our Sulfathiazole tablets, and return to us immediately for exchange any package marked with the letters "M. P." If you have dispensed tablets from bottles bearing these control letters, will you kindly endeavor to recover all such tablets which have not been consumed.

Needless to say, this occurrence is a matter of profound regret to us. Nothing of this nature has ever happened before in our history, and we are taking extraordinary precautions to prevent a recurrence. For more than two decades we have served the medical and pharmaceutical professions. During that period we have earned a reputation for high standards and outstanding products which we shall strive faithfully to maintain.

WINTHROP CHEMICAL COMPANY, INC.

Concerning Reprints of Article, "Preventable Seasonal Suffering."

(COPY)

CUTTER LABORATORIES

Berkeley, California, March 3, 1941.

To the Editor:—We recently mailed an advertising letter on our pollen extracts to California physicians with which was enclosed a reprint of an article by Milton M. Hartman on "Preventable Seasonal Suffering," which appeared in the February, 1940, issue of CALIFORNIA AND WESTERN MEDICINE (on page 55).

Doctor Hartman, who had not seen the letter in question, phoned me shortly after its release, stating that it had caused him considerable embarrassment in that other physicians had assumed that he was connected with this laboratory in some way, or, at least, was using and recommending Cutter extracts. Such an assumption is entirely incorrect, as Doctor Hartman is in no way connected with this company and, I believe, is preparing his own extracts, so could hardly be recommending ours.

I would sincerely appreciate it if this letter could be published in an early issue of your JOURNAL.

Cordially yours,

CUTTER LABORATORIES.

F. A. Cutter.

Concerning Donations to "California Medical Association Needy Members Fund."

Fresno, March 17, 1941.

To the Editor:—Enclosed find an item for solicitation of funds for aid to needy members, and forms for contributions and bequests.

I have adapted these forms from the Pennsylvania Medical Society forms. . . .

I should like to have this published in the April number of **CALIFORNIA AND WESTERN MEDICINE**.

Very sincerely,

(Signed) A. E. ANDERSON, M. D.

1 1 1

SOLICITATION

The Committee on Aid to Needy Members, realizing the fact that an adequate fund must be accumulated before distribution of aid can commence, hereby solicits subscriptions and bequests. Contributions will be acknowledged through **CALIFORNIA AND WESTERN MEDICINE**. Such gifts or bequests are recognized as proper deductions in calculating annual income for tax purposes. Blank forms for contributions and bequests, as below, may be used.

1 1 1

CONTRIBUTION

19

I hereby agree to contribute to the Aid to Needy Members Fund of the California Medical Association the sum of \$— and agree to pay the same as follows:

—

Mail to California Medical Association, 450 Sutter Street, San Francisco.

1 1 1

BEQUEST

I hereby give and bequeath to the Aid to Needy Members Fund of the California Medical Association the sum of \$— to be used for the aid of needy members and their dependents under the rules and regulations adopted by the California Medical Association.

(The foregoing form to be an item of the will of the person making the bequest.)

Concerning Course in Tropical Medicine.

New York, N. Y., March 4, 1941.

To the Editor:—Enclosed is a notice of the course in tropical medicine that is being given at the New York Post-graduate Medical School, Columbia University, in May of this year.

Very sincerely yours,

Z. BERCOVITZ, M. D.

1 1 1

COLUMBIA UNIVERSITY

New York Postgraduate Medical School
Department of Medicine

Course No. 348: Recent Advances in Tropical Medicine (Preliminary Announcement). Five days, May 19 to 23, 1941. Under the direction of Dr. Z. Bercovitz. Fee, \$50.

The purpose of this course is to bring to physicians a review of the fundamentals of the various subjects in tropical medicine, and the more recent advances that have come from research. To this end, arrangements have been made to have authorities in their respective fields give lectures and demonstrations in their specialties. Clinical and laboratory material is available for study and demonstration, and the students are given an opportunity for practical work in clinical parasitology.

Applications should be addressed to the Director, 309 East Twentieth Street, New York City.

Concerning Prize Awards in the Scenario Contest (California Medical Association Committee on Public Health Education).

(COPY)

Los Angeles, March 25, 1941.

Mr. John Hunton
Executive Secretary
California Medical Association
450 Sutter
San Francisco, California

Dear Mr. Hunton:

Your letter informing me that I have been awarded first and second prize and the title prize in the California Medical Association's scenario contest arrived this afternoon.

As you can imagine, I am pleased and thrilled, and feel amply repaid for the research, creative and technical labor involved in both scenarios. Indeed, the research proved an education in itself, and I enjoyed every moment of the work. For this reason I feel the projected motion picture or series of pictures will be a boon to laymen everywhere, and I hope the Association will be able to follow through on the production of "Milestones of Medicine." It will, I hope, fill a long-felt need in acquainting the public with the achievements of medical science.

My thanks to you, sir, and, through your good offices, to the Committee on Public Health Education and the officers, councilors, and members of the California Medical Association.

Sincerely yours,
CARL FOREMAN.

Concerning the Western Association Industrial Physicians and Surgeons.

Crockett, California, March 18, 1941.

To the Editor:—Enclosed is a copy of the program for the first annual meeting of the Western Association of Industrial Physicians and Surgeons.*

All physicians are cordially invited to attend our session. The luncheon, to be held on Sunday, May 4, at 12:30, will not entail an extra charge for those who are registered at the hotel.

The Western Association of Industrial Physicians and Surgeons, whose charter meeting is being held at Del Monte on Sunday, May 4, 1941, has been a component society of the American Association of Industrial Physicians and Surgeons since January 1, 1941. Its objectives are to promote interest and education in industrial medicine and in its problems, which include:

Physical examinations of employees.
Plant sanitation and preventive medicine in industry.
The problem of placement of partially disabled or aged employees.
The medical or surgical care of those disabled through occupational accidents or disease.
The rehabilitation of employees not adequately adjusted following injuries or disease, as well as
The status, interpretation and trends of compensation laws.

There are two classes of memberships.

(a) Active membership, which includes those members who are engaged at least 25 per cent of their time in industrial medicine and are responsible for the medical environment of the employees of a unit of industry; they must belong to their respective county medical societies and be either members or Fellows of the American Medical Association; these members automatically become members of the American Association of Industrial Physicians and Surgeons; and

(b) Associate membership, which comprises those members who, through their specialties and practice, treat industrial injuries or disease, but whose connection with the industrial background of their patients is more remote.

Members of both classifications receive the *Journal of Industrial Medicine*. Membership as of March 15 is approximately one hundred.

* For date of meeting, see page 177. List of addresses will appear in the program.

The agencies actively interested in various phases of industrial medicine are numerous. They include: State Bureaus of Occupational Hygiene, United States Public Health Service Bureaus, American Industrial Hygiene Association, American College of Surgeons, and various foundations carrying out research or educational work; and recently, the American Medical Association through its Council of Industrial Health, and, of course, the State Society through its Industrial Practice Committee.

It is part of the program of the Western Association of Industrial Physicians and Surgeons to keep informed of the proceedings of these organizations, and so further the interests of industrial medicine. For this reason, we invite all members of the California Medical Association, who find it possible, to attend our meeting. We look forward to much of mutual interest, whatever the special field of our guests.

Respectfully submitted,
CHRISTOPHER LEGGO, M. D.,
Secretary.

Concerning a Lecturer on "Anatomy of the Head and Neck."

(COPY)

STATE OF CALIFORNIA
DEPARTMENT OF
PROFESSIONAL AND VOCATIONAL STANDARDS
BOARD OF MEDICAL EXAMINERS
Sacramento, California,
April 4, 1941.

Mr. J. W. Williams, Assistant Special Agent
Board of Medical Examiners
515 Van Ness Avenue, Room 214
San Francisco, California

Re: Charles Augustus de Vere

Dear Mr. Williams:

Recalling the individual named Charles Augustus de Vere, whom you arrested in Auburn, a news item printed in the Sacramento *Bee* of April 2, 1941, related that Charles Stone, Chief of the State Bureau of Criminal Identification in Sacramento, advised District Attorney Lowell Sparks of Placer County that "one of the human hands found in possession of C. A. de Vere, asserted bogus medical doctor, under arrest here, has been identified as that of a man arrested in St. Louis in 1926. The hands, preserved in jars, were forwarded to the State Bureau of Criminal Identification in Sacramento after de Vere, awaiting trial here for violating the Business and Professions Code by posing as a doctor, refused to say where he had obtained them. The Bureau official said a comparison of the fingerprints shows the hand belonged to Wallace James Johnstone, then 27, arrested in the Missouri city on a charge of suspicion of robbery. Johnstone gave Spokane, Washington, as his home address. The officials are endeavoring to determine what became of Johnstone subsequent to his arrest."

Very truly yours,
C. B. PINKHAM, M. D.,
Secretary-Treasurer.

"Charles Stone, Chief of the State Bureau of Identification, today announced C. A. de Vere, under arrest in Auburn, Placer County, on a charge of impersonating a medical doctor, has admitted the source of his collection of preserved sections of human bodies.

"De Vere was arrested in Colfax on March 16 and his gruesome cargo was confiscated by the police after one of his series of lectures on the anatomy of the head and neck,

which the authorities say he gave in many cities throughout the country, including Sacramento, last November.

"In de Vere's possession the police found the equivalent of a traveling morgue—a sixteen-cylinder automobile stocked with preserved sections of the human body, ranging from thirty human skulls to eight jars of eyes. These, de Vere told the police, he used in his lectures.

"Among the collection was a set of preserved human arms, which through fingerprints taken by the State Bureau of Identification, were found to be those of William James Johnstone, arrested in St. Louis in 1926 on suspicion of robbery. A human head, which the police believe also was Johnstone's, was found in the collection.

"Stone said he is checking with the St. Louis police for further details on Johnstone.

"After checking on de Vere's background, Stone said the arrested man was found to be Charles Augustus Devermann, whose home was in New Jersey, although he had been in California for more than five years.

"Stone says the New Jersey police checked with de Vere's mother, who said, to her knowledge, her son was not a doctor and had not gone beyond the ninth grade in school, although he did attend night school for a time.

"Letters and receipts found on de Vere's person showed he had lived in Stockton, Los Angeles, and New York.

"State Investigator Roger Green said de Vere enlisted the aid of a group of doctors in each city he visited to arrange for his courses. He charged \$20 a person for the lectures, which Green said were supposed to be 'refresher courses' for doctors a long time out of medical school.

"Stone declined to divulge the name of the institution where de Vere claims he obtained the collection of preserved human members until he 'is sure de Vere is telling the truth.'

"Records found on de Vere's person show he has lectured in San Francisco and Oakland, and he was recommended by five Sacramento doctors prior to his lecture here.

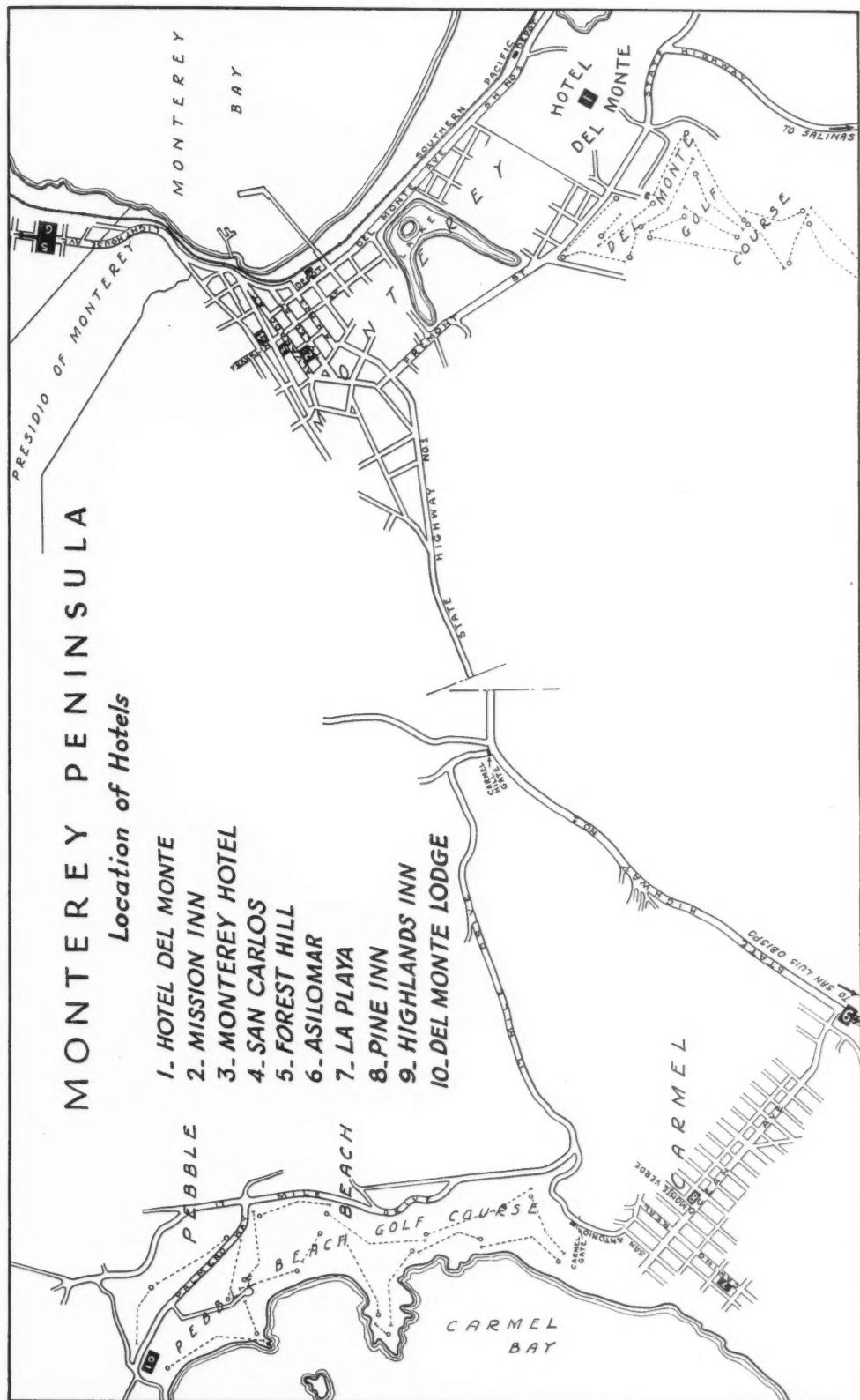
"Yesterday de Vere admitted he is not a doctor of medicine, although numerous communications were found in his possession with the letters 'M. D.' after his name.

"The complaint against de Vere was sworn to by the State Medical Board."—Sacramento *Bee*, April 3.

How long ago it seems. In 1859 Mr. Richard C. Downing, superintendent of sanitary inspection of New York City, said, "I consider it very unjust to give the health inspector of the City of New York power to quarantine a house where there is smallpox."—*Better Times*, December 13, 1940.

Nothing is more important at the present time than to continue and to intensify the campaign against tuberculosis and against syphilis, and I hope that no one will permit his attention to be swayed from the objectives we have in mind, because the fight against these diseases is more important at a time of crisis as a measure of national defense than it is in normal times.—Frank C. Boudreau, M. D.

In a ten-year tuberculin-testing program in rural and town schools in four counties in Minnesota the percentage of reactors has fallen from 14.1 to 6.75 per cent. The decrease is attributed to a careful follow-up of all positive reactors, with an intensive search for the source of the infection. Contact with open cases of tuberculosis was broken by hospitalization of the case or placing the children in a home free from tuberculosis. All teachers and school personnel were included in the plan.



TWENTY-FIVE YEARS AGO[†]

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIV, No. 4, April, 1916

From Some Editorial Notes:

Medical Defense and Insurance Companies.—In spite of numerous items in the *Journal* explaining, as was thought, carefully and clearly the attitude of the State Society in the case of a member who holds indemnity insurance and is sued, the situation seems to be vague in some minds, as will appear from a communication from Orange County, which see elsewhere. In the first place, the State Society's legal department is on the friendliest terms with all the insurance companies, and we work together when circumstances warrant it. No member need take out insurance unless he fears that some time or other a judgment by a jury may be given against him, or he may be grossly careless and create a situation which will require him to compromise by a money payment. The State Society will fight all suits against members and pay all court costs if they have no insurance; if they have insurance, the member may choose whether the State Society shall protect him or whether the insurance company shall do it, and if he elects to have the insurance company appear for him, and if we think that their attorney has not enough experience in this work to do it right, our own attorneys will assist in the case. Nine times out of ten, or more, it is not at all necessary for more than one attorney to spend time on a case; in the early stages, it is never necessary. If the holder of indemnity insurance does not notify the company immediately he is threatened or sued, he violates a clause in his policy, thereby canceling the policy, and the money he has paid for premiums is thrown away. . . .

111

Medical Defense.—The map of California shows the location of all suits filed and gives an explanation of the marks in the counties.

There have been three (3) judgments against members in seven (7) years.

The total amount of these judgments was \$3,960.

The cost of the work for the first five (5) years was \$13,323.07
for the last two (2) years \$16,157.04

Total \$29,480.11

From an Original Article on "A Water-Borne Epidemic of Typhoid Fever at Santa Barbara," by J. C. Geiger, M.D., Assistant Director of the Bureau of Communicable Diseases, California State Board of Health, Berkeley, California.—Pursuant to instructions received from the Secretary of the California State Board of Health, an investigation of a number of cases of typhoid fever, occurring in Santa Barbara, was carried on by the Bureau of Communicable Diseases, the source of infection of the outbreak not having been determined. Cooperation had been previously asked of the State Board of Health by Dr. R. F. Winchester, Health Officer of Santa Barbara.

At our initial conference, Doctor Winchester informed me that there were in Santa Barbara at that time a number of suspected cases of typhoid fever, the diagnosis of the majority being somewhat in doubt. He also stated that some of the cases had not been reported to his office.

(Continued in Front Advertising Section, Page 15)

[†] This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS
OF THE STATE OF CALIFORNIA[†]

By CHARLES B. PINKHAM, M. D.
Secretary-Treasurer

Board Proceedings

At a regular meeting of the Board of Medical Examiners, held in Los Angeles, February 24 to 28, approximately seventy-five applicants wrote the examination, two of whom were applicants for drugless practitioners' certificates; the rest were graduates of approved medical schools.

Changes were made in the status of the following licentiates:

LICENSES RESTORED

Hugo W. Foss, licensed restored on February 28, 1941, and placed on probation for five years, without narcotic privileges.

Matthew J. Marmillion, license restored on February 27, 1941, and placed on probation for five years.

LICENSES REVOKED

Samuel D. Barnes, alleged illegal operation; license revoked on February 27, 1941.

Frederick M. Rossiter, charged with alleged illegal operation; license revoked on February 27, 1941.

John Jerome Tobinski, charged with alleged illegal operation; license revoked on February 28, 1941.

News

"Appointments to State boards, announced today by the office of Governor Olson, included: Dr. K. Chester Gummess of Los Angeles, medical examiners, term ending on January 15, 1945, succeeding Dr. William H. Geistweit, Jr., term expired. . . ." (United Press dispatch, dated Sacramento, February 17, and printed in the *San Francisco Chronicle*, February 18, 1941.)

"Dr. Philip K. Gilman, professor of surgery at Stanford University, is the newly elected president of the Pacific Coast Surgical Association. . . . Besides Doctor Gilman, president, other officers selected include: Dr. William J. Norris of Los Angeles, vice-president; Dr. R. D. Forbes, Seattle abdominal surgeon, second vice-president; and Dr. Frederick Reichert, professor of neurosurgery at Stanford, secretary." (Los Angeles *Times*, February 22, 1941.)

"One of the special funds, for example, is the medical examiners' fund, administered by the Board of Medical Examiners. It collects license fees from doctors, spends the money for the regulation of medical practice in the state. If the medical examiners have enough money saved up and need an extra filing clerk to handle the increase in medical records, should the finance department budget sleuths have the right to tell this board that it can't hire the clerk because the general fund is broke? Most of the budget men themselves don't think so, and certainly no doctor would approve of such 'meddling' in the profession's affairs. . . ." (Sacramento *Union*, February 7, 1941.)

"The Board of Supervisors late yesterday appointed Dr. Thomas D. Wyatt county physician and health officer by a 3 to 2 vote. He will replace Dr. O. J. Hansen, who has (Continued in Front Advertising Section, Page 18)

[†] The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.